2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091796

FILED Apr 06, 2006 Secretary of State

Entity Name: RAMS MANAGEMENT GROUP INVESTMENT INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
UITE #20				
APE CO	RAL, FL 3391	4		
urrent Mailing Address:		ss:	New Mailing Address:	
UITE #20	PE CORAL P. 14 RAL, FL 3391			
El Number:	32-0092974	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
6498 SW	Z, ALFREDO 22ND STREI , FL 33027			
III X AIVI AI X	,			
he above	,	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
he above	named entity of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
he above the State	named entity e of Florida. RE:	submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both Date
he above the State	named entity e of Florida. RE: Electro			
he above the State IGNATUF ection Car	named entity e of Florida. RE: Electro	nic Signature of Registered Ag	ent	
he above the State IGNATUF ection Car FFICERS ttle: ame: ddress:	named entity e of Florida. RE: Electro mpaign Financii S AND DIREC S (GONZALEZ, A 615 W CAPE	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete LEFREDO CORAL PARKWAY #204	ADDITIONS/CHANG Title: Name: Address:	Date
he above the State IGNATUF DESTINATION DES	named entity of Florida. RE: Electro mpaign Financii S AND DIREC S (GONZALEZ, A 615 W CAPE CAPE CORAL	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete LLFREDO CORAL PARKWAY #204 , FL 33914	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTO () Change () Addition
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY HUGGINS V 04/06/2006