

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098700

Entity Name: RAMA OF CENTRAL FLORIDA, INC.

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

851 WEST STATE ROAD 436 STE 1021
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

851 WEST STATE ROAD 436 STE 1021
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-0224593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABAN, RAFAEL
851 WEST STATE ROAD 436 STE 1021
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

DEJESUS, MARITZA
851 WEST STATE ROAD 436 STE 1021
ALTAMONTE SPRINGS, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARITZA DEJESUS

01/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEJESUS, MARITZA
Address: 851 WEST STATE ROAD 436 STE 1021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CABAN, RAFAEL
Address: 851 WEST STATE ROAD 436 STE 1021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: CABAN, RAFAEL
Address: 851 WEST STATE ROAD 436 STE 1021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAFAEL CABAN

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01/24/2005

Electronic Signature of Signing Officer or Director

Date