2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

DOCUMENT # P03000100739 1. Entity Name RAMEKIN, INC.							03-05-2004	90003	049 ***1:	50.00
Principal Place of Business 600 COURTLAND BLVD., UNIT #4 DELTONA, FL 32738			Mailing Address 600 COURTLAND BLVD., UNIT #4 DELTONA, FL 32738				Ę	4015	002	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262004	Chg-P	CR2E	034 (10/03)			
City & State		City & State		4. FEI Number 43-24	28032		 	phied For at Applicable		
Zip Country		Zip · Country		itry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and A	Address of New Ro	egistered	Agent	
GONZALE 600 COUR DELTONA	RTLAND B	SLVD., UNIT #4	1 13	. :		(P.O. Box Number	is Not Acceptable)		e tyl. Negr
DELIGITA					City			FL	Zip Cod	0
			or the purpose of changing its	s register	ed office or registe	ered agent, or both	, in the State of Flo		familiar with,	and accept
•	tions of regist	tered agent.	• •		•					r
SIGNATURE_	Signature, typed	or printed name of registered ager	at and title if epplicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICMATUDE.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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