


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90046 004 ***150.00

DOCUMENT # P03000116557	
1. Entity Name RAMS INTERNATIONAL GROUP, CORP.	

Principal Place of Business 16615 PALM ROYAL DR #323 TAMPA FL 33647	Mailing Address 16615 PALM ROYAL DR #323 TAMPA FL 33647
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2. Principal Place of Business 8606 FoxTail CT	3. Mailing Address 8606 FoxTail CT
Suite, Apt. #, etc. TAMPA	Suite, Apt. #, etc.
City & State TAMPA FL	City & State TAMPA, FL
Zip 33647	Country US



1st MOORE CR2E034 (10/04)

4. FEI Number 11-3706869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, YELITZA C 16615 PALM ROYAL DR #323 TAMPA FL 33647	
7. Name and Address of New Registered Agent Name RAMOS, YELITZA C Street Address (P.O. Box Number is Not Acceptable) 8606 FoxTail CT City TAMPA FL Zip Code 33647	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMOS, YELITZA C		NAME Ramos, Yelitza C	
STREET ADDRESS 16615 PALM ROYAL DR #323		STREET ADDRESS 8606 FoxTail CT	
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP TAMPA FL 33647	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME APONTE, ARNOLD R		NAME aponte, arnold R	
STREET ADDRESS 16615 PALM ROYAL DR		STREET ADDRESS 8606 FoxTail CT	
CITY-ST-ZIP TAMPA FL 33647		CITY-ST-ZIP TAMPA FL 33647	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/05 813-6319007