


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 029 \*\*\*163.75

DOCUMENT # P03000127108			
1. Entity Name RAM-P AUTO, INC.			
Principal Place of Business 3028 BIG SKY BLVD KISSIMMEE, FL 34744		Mailing Address 3028 BIG SKY BLVD KISSIMMEE, FL 34744	
2. Principal Place of Business Suite, Apt. #, etc. 523-13 <sup>th</sup> STREET.		3. Mailing Address Suite, Apt. #, etc.	
City & State ST. CLOUD		City & State	
Zip 34769	Country FLORIDA	Zip	Country
6. Name and Address of Current Registered Agent  AIRD, IAN ESQ 269 N UNIVERSITY DR STE F PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent. Name HARINATH SINGH Street Address (P.O. Box Number is Not Acceptable) 2937 BIG SKY BLVD KISSIMMEE FLORIDA-34744 City FL Zip Code	
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 <i>Harinath Singh</i> HARINATH SINGH		DATE <i>JULY 9TH-04</i>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PRABHUDIAL, RAMDIAL <input type="checkbox"/> Delete 3028 BIG SKY BLVD KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Ramdi Prabhudial</i> (RAMDIAL PRABHUDIAL)		Date <i>July-09-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

54062921



07072004 Chg-P CR2E034 (10/03)

4. FEI Number 15-3138576 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required