2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133795

Entity Name: RAMOS & SONS TRIM CARPENTRY INC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6721 OVID AVE 4720 LAKE HOLDEN HILLS DRIVE

ORLANDO, FL 32809 US ORLANDO, FL 32839 US

Current Mailing Address: New Mailing Address:

6721 OVID AVE 4720 LAKE HOLDEN HILLS DRIVE ORLANDO, FL 32809 US ORLANDO, FL 32839 US

FEI Number: 20-0396891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMOS, DELFINO
6721 OVID AVE
ORLANDO, FL 32809 US

RAMOS, DELFINO
4720 LAKE HOLDEN HILLS DRIVE
ORLANDO, FL 32839 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: DELFINO RAMOS 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 RAMOS, DELFINO

 Address:
 6721 OVID AVE

City-St-Zip: ORLANDO, FL 32809 US

Title: V () Delete
Name: RAMOS, OMAR
Address: 6721 OVID AVE

City-St-Zip: ORLANDO, FL 32809 US

 Title:
 S
 () Delete

 Name:
 RAMOS, SAMUEL

 Address:
 6721 OVID AVE

 City-St-Zip:
 ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: RAMOS, DELFINO

Address: 4720 LAKE HOLDEN HILLS DRIVE

City-St-Zip: ORLANDO, FL 32839 US

Title: V (X) Change () Addition

Name: RAMOS, OMAR

Address: 4720 LAKE HOLDEN HILLS DRIVE

City-St-Zip: ORLANDO, FL 32839 US

Title: S (X) Change () Addition

Name: RAMOS, SAMUEL

Address: 4720 LAKE HOLDEN HILLS DRIVE

City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify 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: DELFINO RAMOS P 04/27/2009