
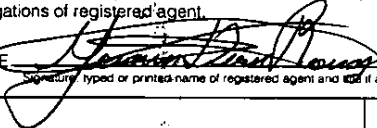
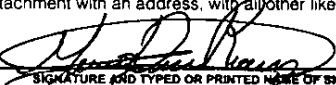


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90193 014 \*\*\*150.00

<b>DOCUMENT # P03000143276</b>					
<b>1. Entity Name</b> G.D. RAMIREZ, INC.					
<b>Principal Place of Business</b> 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1193035	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065			Name <u>German David Ramirez</u> Street Address (P.O. Box Number is Not Acceptable) <u>8433 CORAL LAKE WAY</u> City <u>CORAL SPRINGS.</u> <u>FL</u> Zip Code <u>33065</u>		
<b>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.</b>					
SIGNATURE <u></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GERMAN DAVID 8606 NW 35TH ST #6 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u></u> <u>German D. Ramirez</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					