2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003295



FILED Apr 20, 2006 8:00 am Secretary of State

Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	1. Entity Name RAMFIS FRAMING, INC.								04-20-2006 90194 039 ***150.00					
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Q4162006 Chg.P CR2E034 (11/05)	PO BOX 530215				PO BOX 530215 APT F-15						93(A 83 (A) 8 8(88		lik as i di k as i	
City & State	2. Principal Place of Business				3. Mailing Address									
Zip Country Zip Country	Suite, Apt. #, etc.				Suite, Apt. #, etc.				04162006	Chg-P	CR2E	034 (11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 6. 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 act the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME REYNOSO, RAMFIS R STREET ADDRESS CITY-S1-ZP DEBARY, FL 32713 TITLE NAME STREET ADDRESS CITY-S1-ZP STR	City & State				City & State						<u> </u>	oplied For ot Applicable		
REYNOSO, RAMFIS 313 DIRKSEN DR APT F-15 DEBARY, FL 32713 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 act the obligations of registered agent. SIGNATURE Signature: typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Zip Country				Zip	try		5. Certificate	of Status Desired					
REYNOSO, RAMFIS 313 DIRKSEN DR APT F-15 DEBARY, FL 32713 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. SIGNATURE Signature S		tered Agent				7. Name and	Address of New	Registered	Agent					
SITERI ADDRESS REYNOSO, RAMFIS R SITERI ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL														
### 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. It am familiar with, and act the obligations of registered agent. ### Signature typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ### DATE ### DATE DATE ### PRILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 ### PRILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 ### PRILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 ### DATE DATE ### DAT	313 DIRKS		i		Stre			ress (I	P.O. Box Numb	er is Not Acceptab	ole)	,		
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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						City					Zio Coo	le .		
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Signature Spondure				nt for the p	ourpose of changing its	registere	ed office or reg	gister	ed agent, or bo	oth, in the State of F	Florida. I an	n familiar with,	and accept	
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119.	NAME STREET ADDRESS CITY-ST-ZIP	podiji that the	information average of	saish ship s		NAME STREI CITY-	ET ADDRESS ST-ZIP	Ain	in Charter 110	Clarida Otto	1 E. adv		Addition	

Indicated on this report or supplied with this hilling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Former certify that the information indicated on this report or suppliemental 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: _X

Daytime Phone #