2005 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

Sep 08, 2005 8:00 am Secretary of State

09-08-2005 90067 046 ***155.00 **DOCUMENT # P04000023608** SILVESTRE RAMIREZ, INC. **44469999** Principal Place of Business Mailing Address 440 SW DARWIN BLVD 440 SW DARWIN BLVD PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 2. Principal Place of Business
440 S.W. Durwin Blud 3. Mailing Address 440 S.W. Darwin Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 09012005 Chq-P CR2E034 (10/03) City & State 4. FEI Number City & State Applied For ST Lucie. Port ST ucie 54-214021 Not Applicable Country Zio \$8.75 Additional 34953 5. Certificate of Status Desired US A DSA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMIREZ, SILVESTRE Street Audress (P.O. Box Number is Not Acceptable) 440 SW DARWIN BLVD PORT ST LUCIE, FL 34953 Zip Code 8. The above named entity submits this statement for the purpose of changing its regist and effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Dig value hypother printed name of registered agent and title it applicable. ILOJis an Ary of sign does in reported when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign runancing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribe on corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete 1 115 Change ☐ Addition fo/Mc RAMIREZ, SILVESTRE 1, 3530 STREET ADDRESS 148 SW RIDGECREST DR. STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34953 € Fr-ST-ZIP 7.11LE ☐ Delete LILL Change ■ Addition HAME 11749 STEFFET ADDRESS STREET ADDRESS CHEY-ST ZIP 26. ST 20 THE Delete . 45 Change ☐ Addition RAME . 4.9 STREET ADDRESS SIFEET ADDRESS CiTY- ST- 7IP C IN-ST-ZiP TITLE ☐ Delete TATLE ☐ Change ■ Addition NAME DAME STALET ADDRESS S FEET ADDRESS CITY-SI-ZIP City-St-ZiP TITE Delete 1.08 □ Change ☐ Addition HAME LAVE STREET ADDRESS . TEFFE ADDRESS. CITY-ST-ZIP € 1Y+31-7P TITLE ☐ Delete 176 ☐ Change ☐ Addition HAME 1 WE SUPERT ANDRESS STEELT ALDRESS CITY-ST-7IP UPY-ST-ZIP Thereby certify that the information supplied with this filling 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 suprature 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 recruired by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.

SIGNATURE: STIVES FOR PRINTED NAME OF SIGNING OFFICER OF LIFE, CTOR

23. Daytime Phone #