


**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90044 011 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

<b>DOCUMENT # P04000027568</b>			
1. Entity Name <b>RAMESH CONSTRUCTION CORP.</b>			
Principal Place of Business <b>HONEY HILL PARK, LOT 11 4955 N.W. 199TH STREET MIAMI FL 33055</b>		Mailing Address <b>HONEY HILL PARK, LOT 11 4955 N.W. 199TH STREET MIAMI FL 33055</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-1113989</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent <b>LOPEZ, ALVARO HONEY HILL PARK, LOT 11 4955 N.W. 199TH STREET MIAMI FL 33055</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when appointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <small>After May 1, 2005 Fee Will Be \$550.00</small> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <b>LOPEZ, ALVARO 4955 N.W. 199TH STREET - LOT 11 MIAMI FL 33055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 19.07(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: <u>ALVARO LOPEZ</u>		Date: <u>3/10/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>Date</small>	

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