

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90340 038 ***150.00

DOCUMENT # P04000027886

1. Entity Name

RAMOS BALDERAS CONSTRUCTION, INC.



Principal Place of Business

4645 ROSE CORAL DR
APT-114
ORLANDO FL 32808

Mailing Address

4645 ROSE CORAL DR
APT-114
ORLANDO FL 32808

2. Principal Place of Business

5510 Casa Blanca Ln.
Suite, Apt. #, etc.
#6

3. Mailing Address

5510 Casa Blanca Ln.
Suite, Apt. #, etc.
#6



1st MOORE

CR2E034 (10/04)

City & State

Orlando Fl.

City & State

Orlando Fl.

4. FBI Number

09-3700224

Applied For

Not Applicable

Zip

32807

Country

U.S.

Zip

32807

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JAIME
4645 ROSE CORAL DR
APT-114
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name Ramos, Jaime

Street Address (P.O. Box Number is Not Acceptable)

5510 Casa Blanca Ln #6

Orlando

City

FL

32807

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS RAMOS, JAIME
CITY-ST-ZIP 4645 ROSE CORAL DR APT-114
ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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: Jaime Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Ramos - 4-21-05

Date

407

367-9895

Daytime Phone #