


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000059419**

1. Entity Name  
**LUIS G. RAMOS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>9901 BAYWINDS DR #3203<br/>         WEST PALM BEACH FL 33411<br/>         US</b> | Mailing Address<br><b>9901 BAYWINDS DR #3203<br/>         #4205<br/>         WEST PALM BEACH FL 33411<br/>         US</b> |
|--|---|



|  |  |                                    |  |
|--|--|------------------------------------|--|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt #, etc.<br><br>City & State | 3. Mailing Address<br><br>Suite, Apt #, etc.<br><br>City & State | 4. FEI Number<br><b>20-1052840</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip  | Country  | Zip                                | Country  |

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**VEGA, LUCY  
 %DL SERVICES INC  
 5619 S. DIXIE HWY  
 WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature typed or printed (name of registered agent and title, if applicable) (NOTE: Registered Agent Certificate required when submitting)

**FILE NOW!!!- FEE IS \$150.00**  
**After May 1, 2008 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>RAMOS, LUIS G</b><br><b>9901 BAYWINDS DR #3203</b><br><b>WEST PALM BEACH FL 33411</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>UVEGES, CSABA</b><br><b>9901 BAYWINDS DR 3203</b><br><b>WEST PALM BEACH FL 33411</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>CASTEJON, LUIS A</b><br><b>9901 BAYWINDS DR</b><br><b>WEST PALM BEACH FL 33411</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U00000820451</b><br><b>02/18/08-80029-016 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:**  **02/02/08** **(561) 324 3912**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR