


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 048 ***158.75

DOCUMENT # P04000103903			
1. Entity Name DISTRIBUTORS RAMIREZ CORP			
Principal Place of Business 671 ELDRON DR - APT 33 MIAMI SPRINGS, FL 33166		Mailing Address 671 ELDRON DR - APT 33 MIAMI SPRINGS, FL 33166	
2. Principal Place of Business - No P.O. Box # 671 Eldron Dr		3. Mailing Address 671 Eldron Dr	
Suite, Apt. #, etc. Apt 31		Suite, Apt. #, etc. Apt 31	
City & State Miami Springs, Fl		City & State Miami Springs, Fl	
Zip 33166	Country USA	Zip 33166	Country USA
6. Name and Address of Current Registered Agent RAMIREZ, JUAN 671 ELDRON DR - APT 33 MIAMI SPRINGS, FL 33166		4. FEI Number 20-1374846	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name Juan Ramirez			
Street Address (P.O. Box Number is Not Acceptable) 671 Eldron Dr Apt 31			
City Miami Springs		FL	Zip Code 33166
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMIREZ, YOLANDA		NAME Ramirez Yolanda	
STREET ADDRESS 671 ELDRON DR - APT 33		STREET ADDRESS 671 Eldron Dr - Apt 31	
CITY-ST-ZIP MIAMI SPRINGS, FL 33166		CITY-ST-ZIP Miami Springs, Fl 33166	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: <i>Juan Alberto Ramirez</i>		Date: 04/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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