FILED
Aug 28, 2006 8:00 am
Secretary of State
08-28-2006 90005 027 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000012773

1. Entity Name
RAMA PRINTING AND MULTISERVICES, INC

50026624

Principal Place of Business	Mailing Address
1550 N. FEDERAL HWY STE 17 BOYNTON BEACH, FL 33435 US	1550 N. FEDERAL HWY STE 17 BOYNTON BEACH, FL 33435 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08082006 Chg-P CR2E034 (11/05)

4. FEI Number: 33-1110-453 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, PIERRE V
525 INFIELD CT
DELRAY BEACH, FL 33444

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 signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JOSEPH, PIERRE V	
STREET ADDRESS	525 INFIELD CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	VP	☐ Delete
NAME	JOSEPH, ETHEL N	
STREET ADDRESS	525 INFIELD CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	SEC	☐ Delete
NAME	JOSEPH, NICOLAS	
STREET ADDRESS	525 INFIELD CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	TREA	☐ Delete
NAME	JOSEPH, PIERRE	
STREET ADDRESS	525 INFIELD CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Pierre V Joseph 8-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #