## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P05000049529 1. Entity Name 04-09-2007 90038 050 \*\*\*150 00 RAMIREZ & RAMIREZ CONSTRUCTION INC Principal Place of Business Mailing Address 7855 36TH AVE E 7855 36TH AVE E PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7855 364A Ave 5. 7855 36th the Suite, Apt. #, etc Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2629425 FL (3472) talmetto Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HERNANDEZ, MARIA D Street Address (P.O. Box Number is Not Acceptable) 1509 12TH AVE W PALMETTO FL 34221 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. euande (NOT): Polissored Agent signature regulated when remainment FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete шп Change Addition HERNANDEZ, MARIA D NAMI NAMI 1509 12TH AVE W STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CHY SI-ZIP CHY SI 7IP TITLE □ Delete OTO Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP HILE ☐ Delete THE ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST-709 CHY ST ZIP THE ☐ Defete Change Addition NAME STREET ADDRESS STREET LADDER SS CHY-SE-ZIP CHY ST ZIP THEE. ☐ Defete HITE ☐ Change Addition NAME NAM STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CHY-ST ZIP TITLE ☐ Delete THU ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CJTY-S1-ZIP CHY SI ZIP 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 logal effect as if made under eath; 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.

**FILED** 

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