

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90195 002 \*\*\*150.00

<b>DOCUMENT # P05000059714</b>					
<b>1. Entity Name</b> RAMICHEL INC					
<b>Principal Place of Business</b> 8875 FONTIANBLEAU BLV 102A MIAMI, FL 33172 US			<b>Mailing Address</b> 8875 FONTIANBLEAU BLV 102A MIAMI, FL 33172 US		
<b>2. Principal Place of Business</b> 1347 W 38 <sup>th</sup> ST Suite, Apt. #, etc.			<b>3. Mailing Address</b> 1347 W 38 <sup>th</sup> ST Suite, Apt. #, etc.		
<b>City &amp; State</b> Hialeah FL		<b>City &amp; State</b> Hialeah FL		<b>4. FEI Number</b> 20-2907530	
<b>Zip</b> 33012		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TOVAR, MICHEL 8875 FONTIANBLEAU BLV 102A MIAMI, FL 33172			<b>7. Name and Address of New Registered Agent</b> Name: MICHEL TOVAR Street Address (P.O. Box Number is Not Acceptable): 1347 W. 38 <sup>th</sup> ST. City: Hialeah FL Zip Code: 33012		
<b>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.</b> SIGNATURE: <u>MICHEL TOVAR</u> DATE: <u>2-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006, Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: VD NAME: TOVAR, MICHAEL STREET ADDRESS: 8875 FONTIANBLEAU BLV 102A CITY-ST-ZIP: MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE: VD NAME: TOVAR, MICHAEL STREET ADDRESS: 1347 W. 38 <sup>th</sup> ST. CITY-ST-ZIP: Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PTD NAME: DIAZ, RAMON STREET ADDRESS: 1347 W. 38TH ST. CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE: PTD NAME: DIAZ, RAMON STREET ADDRESS: 1347 W. 38 <sup>th</sup> ST. CITY-ST-ZIP: Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>MICHEL TOVAR, VD</u>			Date: <u>2-23-06</u> Daytime Phone #: <u>305-4390946</u>		