2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 29, 2008 08:00 AM Secretary of State DOCUMENT # P05000085451 1. Entity Name RAMON JEMINEZ ENTERPRISES, INC. Principal Place of Business Mailing Address 1160 EMPORIA ROAD 1160 EMPORIA ROAD PIERSON, FL 32180 PIERSON, FL 32180 CR2E034 (11/05) 03022008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3088721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JEMINEZ, RAMON DO NOT WRITE 1160 EMPORIA ROAD PIERSON, FL 32180 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000931256 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE JEMINEZ, RAMON NAME 1160 EMPORIA ROAD STREET ADDRESS CITY-ST-ZIP PIERSON, FL 32180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: -

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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386-804-733

Daytime Phone