

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000003965

1. Entity Name  
WOLF AND RAMON CORP



FILED

2007 SEP 13 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9810 ALTERNATE A1A  
SUITE 102  
PALM BEACH GARDENS, FL 33410

Mailing Address  
9810 ALTERNATE A1A  
SUITE 102  
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09052007

Chg-P

CR2E034 (12/06)

4. FEI Number  
74-3156163

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, TIMOTHY K.  
480 MAPLEWOOD DR., STE. 5  
JUPITER, FL 33458

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HAUCK, WOLFGANG W.  
STREET ADDRESS 11019 LEGACY LANE, #205  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D ☐ Delete  
NAME ORTEGA, JOSE R.  
STREET ADDRESS 254 VILLAGE BLVD #4102  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D President ☒ Change ☐ Addition  
NAME HAUCK, WOLFGANG W.  
STREET ADDRESS 11019 LEGACY LANE #205  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D Vice President, Treasurer ☒ Change ☐ Addition  
NAME ORTEGA, JOSE R.  
STREET ADDRESS 107 LIGHTHOUSE CIRCLE, APT G  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE S ☐ Change ☒ Addition  
NAME ORTEGA, CARLOS A.  
STREET ADDRESS 107 LIGHTHOUSE CIRCLE, APT H  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-07