


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90012 036 ***150.00

DOCUMENT # P06000024322	
1. Entity Name RAM CONSTRUCTION OF JAX INC	

Principal Place of Business 8090 ATLANTIC BLVD APT A97 JACKSONVILLE, FL 32211 US	Mailing Address 8090 ATLANTIC BLVD APT A97 JACKSONVILLE, FL 32211 US
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2. Principal Place of Business, No P.O. Box # 8090 ATLANTIC BLVD Suite, Apt. #, etc. APT A-28 City & State JACKSONVILLE FL Zip 32211	3. Mailing Address 8090 ATLANTIC BLVD Suite, Apt. #, etc. APT A-28 City & State JACKSONVILLE FL Zip 32211
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08302007	Chg-P CR2E034 (12/06)
4. FEI Number 20-4279459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTINEZ, RENE A 8090 ATLANTIC BLVD APT A97 JACKSONVILLE, FL 32211	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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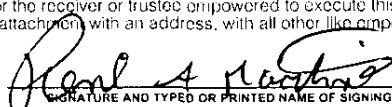
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARTINEZ, RENE A 8090 ATLANTIC BLVD APT A97 JACKSONVILLE, FL 32211 <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	VP ZELAYA, ANA M 8090 ATLANTIC BLVD APT A 97 JACKSONVILLE, FL 32211 <input checked="" 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	D GUIFARRO, FREDI N 8090 ATLANTIC BLVD A PT A97 JACKSONVILLE, FL 32211 <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

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:  8/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date