2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P06000089986  1. Entity Name RAMPART STREET, INC.					FILED Sep 09, 2008 08:00 AM Secretary of State
Principal Place of Business Mailing Addre					Secretary of State
1090 NW 159 AVE PEMBROKE PINES FL 33028		1090 NW 159 AVE PEMBROKE PINES FL 33028			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt #. etc.			2nd MOORE CR2E034 (4/08)
City & State		City & State			4. FEI Number 20-5165504 Applied For Not Applicable
Zıp	Country	Zip	Cour	ntry	5. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent
PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PARKWAY #300				Name	
				Street Address (	(P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33904				City	FL Zip Code
8. The above named enalty submits this statement for the purpose of changing its registered of				ed office or register	
SIGNATURE  Signature:					
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WICHTERICH, KEVIN L 1090 NW 159 AVE PEMBROKE PINES FL 33028	☐ Delete		l l	☐ Change ☐ Addition U00000959269 09/09/08-80004-007 550.00
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Delete	1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. □ Defete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete		ľ	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete		į.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	CITY	ET ADDRESS ST- ZIP	☐ Change ☐ 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 direct like empowered.					

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR