


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 001 ***150.00

DOCUMENT # P06000103163 1. Entity Name RAMZ AUTO SALES, INC					
Principal Place of Business 369 BLANDING BLVD. SUITE N4 ORANGE PARK, FL 32073 US			Mailing Address 369 BLANDING BLVD. SUITE N4 ORANGE PARK, FL 32073 US		
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	4. FEI Number 74-3185923	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OKDEH, RICK 3111 W SWOOPING WILLOW CT JACKSONVILLE, FL 32223				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OKDEH, RICK 3111 W SWOOPING WILLOW CT JAX, FL 32223	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: _____		Date 6-5-08 Daytime Phone #			

ATTACHMENT

RAMZ AUTO SALES, INC
369 BLANDING BLVD STE N4
ORANGE PARK, FL 32073-4324

40108250
#P06600103163

Dear Sirs

I was out of my office and my

Business location For the last 2 month.

I didn't know I had to File before the
First of may. please forgive me for the

Delay. I apologize my late payment is

Due to health problems not being able

to work in the last 3 months. please accept
my payment. ~~IF~~ I could Be of any

help. please call me at.

904-6073289

Rick.