

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 031 ***150.00

DOCUMENT # P06000131289 1. Entity Name RAMPROF INC.			
Principal Place of Business 20551 SW 122 PLACE MIAMI, FL 33177		Mailing Address 20551 SW 122 PLACE MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box 18740 Lenaire Dr		3. Mailing Address 18740 Lenaire Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33157		Zip 33157	
Country 		Country 	
04302008		Chg-P	
CR2E034 (12/06)			
4. FEI Number 20-5727195		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INCOME TAX CENTER 9970 SW 40 ST MIAMI, FL 33165		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 _____			
Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 P	NAME TRETO, RAMON G	TITLE President	NAME Treto, Ramon G
STREET ADDRESS 20551 SW 122 PLACE	CITY-ST-ZIP MIAMI, FL 33177	STREET ADDRESS 18740 Lenaire Dr	CITY-ST-ZIP Miami, FL 33157
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:		4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	