FILED Mar 31, 2008 08:00 AN Secretary of State

Not Applicable

\$8,75 Additional

Fee Required

ANNUAL REPORT					
DOCUMENT # P06000151826					
1. Entity Name RESIDENCIA RAMENTOL INC	l				

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9041 SW 142 COURT MIAMI, FL 33186

Mailing Address 9041 SW 142 COURT MIAMI, FL 33186

|--|--|--|--|--|--|

02062008 No Chg-P		CR2E034 (11/05)			
4. FEI Number	r		Applied Fo		
20-8015	5292		Not Applica		

6. Name and Address of Current Registered Agent

RAMENTOL, MARIA E 9041 SW 142 COURT

DO NOT WRITE

5. Certificate of Status Desired

MIAMI, FL 33186			IN THIS SPACE					
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: Registere	d Agent signaturi	c required when reinstating)	DATE			
	E NOW!!! FEE !\$ \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAMENTOL, MARIA E 9041 SW 142 COURT MIAMI, FL 33186				U00000874090 04/10/08-80105-016 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			* **					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· 11:5	IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ·			
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the ext nd accurate and that my signal to execute this report as requi other like empowered.	emptions co ture shall har red by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if			