

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90021 015 \*\*\*150.00

DOCUMENT # P07000079735

1. Entity Name  
RAM APPLIANCES SERVICES, INC



Principal Place of Business  
1008 PLUMOSA AVENUE  
LEHIGH ACRES, FL 33936-8002 US

Mailing Address  
1008 PLUMOSA AVENUE  
LEHIGH ACRES, FL 33936-8002 US

2. Principal Place of Business - No P.O. Box #  
9697 Arbor Oaks Ln

3. Mailing Address  
9697 Arbor Oaks Ln

Suite, Apt. #, etc.  
#202

Suite, Apt. #, etc.  
#202

City & State  
Boca Raton FL

City & State  
Boca Raton FL

Zip Country  
33428 Palm Bch.

Zip Country  
33428 Palm Bch.

04112008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0530071

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

EAGLE TAX REPRESENTATION, CORP  
23150 SANDALFOOT PLAZA DR  
SUITE E  
BOCA RATON, FL 33428-6530

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MALAFAIA, RAFAEL A  
STREET ADDRESS 1008 PLUMOSA AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 339368002

TITLE VP ☐ Delete  
NAME MALAFAIA, WANESSA B  
STREET ADDRESS 1008 PLUMOSA AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 339368002

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 9697 Arbor Oaks Ln #202  
STREET ADDRESS Boca Raton FL 33428  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 9697 Arbor Oaks Ln #202  
STREET ADDRESS Boca Raton FL 33428  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

(561)305-1066

Daytime Phone #