## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000081672

ORTEZ, FERNANDO J

ORTEZ, MARCO A

COLONIA LOMAS DEL EL COUNTRY

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TEGUCIGALPA, FM 22400 HN

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VΡ

Entity Name: RAM & ORT INVESTMENT GROUP INC

FILED Jan 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 100 EAST LINTON BLVD 532 CANOE POINT APT#532 156A DELRAY BEACH, 33483 FL DELRAY BEACH, FL 33444 FL **Current Mailing Address: New Mailing Address:** 100 EAST LINTON BLVD 532 CANOE POINT 156A DELRAY BEACH, FL 33444 FL DELRAY BEACH, 33483 FL FEI Number: 80-0251633 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMIREZ, CARLOS H SR 532 CANÓE POINT DELRAY BEACH, FL 33444 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RAMIREZ, CARLOS H SR Name: Name: 532 CANOE POINT Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition RAMIREZ BAUTISTA, CARLOS H JR Name: Name: **COL LOS ROBLES** Address: Address: BLOCK M38 HOUSE 3411, FM 22500 HN City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: CARLOS H RAMIREZ P P 01/16/2009

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