

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000082887

Entity Name: RAMOS FULL SERVICE INC

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1185 SW TROPICAL TERRACE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1185 SW TROPICAL TERRACE  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 01-0910910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, FELIPE  
118 SW TROPICAL TERRACE  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMOS, FELIPE  
Address: 118 SW TROPICAL TERR  
City-St-Zip: STUART, FL 34997

Title: VP  
Name: PEREZ, ANA  
Address: 1185 SW TROPICAL TERR  
City-St-Zip: STUART, FL MARTIN US

I hereby 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 all other like empowered.

SIGNATURE: FELIPE RAMOS

P

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date