

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000026234

1. Entity Name
RAM & SONS, INC.



Principal Place of Business
**207 N.E. 39TH COURT
POMPANO BEACH, FL 33064**

Mailing Address
**207 N.E. 39TH COURT
POMPANO BEACH, FL 33064**



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0400492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAM, KISSOON
207 N.E. 39TH CT.
POMPANO BEACH, FL 33064**

**DO NOT WRITE
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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAM, KISSOON
STREET ADDRESS	207 N.E. 39TH CT.
CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	TSD
NAME	RAM, KAMAL
STREET ADDRESS	207 N.E. 39TH CT.
CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	VD
NAME	RAMSARRAN, CHANDERDAYAL
STREET ADDRESS	207 N.E. 39TH CT.
CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000120272
04/19/04-80126-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kissoon Ram **PRESIDENT**

Date

Daytime Phone #

4-12-04