

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90010 001 ***150.00

DOCUMENT # P95000061584 1. Entity Name VERA L. RAMOS, P.A.					
Principal Place of Business 6815 BRIDLEWOOD CT BOCA RATON, FL 33433 US			Mailing Address 6815 BRIDLEWOOD CT BOCA RATON, FL 33433 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 65-0601085			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAMOS, VERA L 6815 BRIDLEWOOD CT SUITE 402 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete RAMOS, VERA L 6815 BRIDLEWOOD CT BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Vera Ramos</i>			07/01/2004		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Attachment
P95000061584
44046852

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0123827 01 AV 0.176 **AUTO TO 0 1203 33433-359215



VERA L. RAMOS, P.A.
6815 BRIDLEWOOD CT
BOCA RATON FL 33433-3592

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P95000061584

Mail Report to:

VERA L. RAMOS, P.A.
6815 BRIDLEWOOD CT
BOCA RATON FL 33433-3592



CR2E095 4/04

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

Attachment
P95 000061584
44016850

IMPORTANT NOTICE

This will serve as your 60 days notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 8, 2004.

Visit our website at www.sunbiz.org for fee information.

OPTION 1 - **File Online** (recommended)



- Visit www.sunbiz.org. It's faster and easier!
 - Available 24 hours a day, 7 days a week
 - Mastercard, Visa or American Express accepted
- Free public access to the Internet is available at your local public library.*

OPTION 2 - **Submit form and check by mail**



- Immediately download preprinted form from www.sunbiz.org.
 - No credit card information required
- OR
- Return attached postcard to receive form by mail
 - Allow 10-14 business days for delivery



PLACE
PROPER
POSTAGE
HERE
BEFORE
MAILING

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198



Attachment
P95000061584
44046850

July 1, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: For Profit Corporation – 2004 Annual Report
Vera L. Ramos, P.A.
Document Number: P95000061584
FEI Number: 65-0601085
6815 Bridlewood Court
Suite 402
Boca Raton, FL 33433

To whom it may concern:

Please find attached a copy of a Notice from the Florida Department of State regarding my 2004 Annual Report.

Please note I never received the 2004 renewal for my Annual Report.

I am now enclosing payment of \$150.00 together with a completed copy of my 2004 Annual Report.

I respectfully request that the \$400.00 late fee be waived due to non-receipt of the 2004 renewal.

Thank you.

Yours truly,



Vera Ramos, President
Vera L. Ramos, P.A.
6815 Bridlewood Court
Suite 402
Boca Raton, FL 33433