2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jul 06, 2004 8:00 am Secretary of State **DOCUMENT # P95000061584** 07-06-2004 90010 001 ***150.00 VERA L. RAMOS, P.A. Principal Place of Business Mailing Address 44040000 6815 BRIDLEWOOD CT 6815 BRIDLEWOOD CT BOCA RATON, FL 33433 BOCA RATON, FL 33433 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 06302004 Chg-P City & State City & State Applied For 4. FFI Number 65-0601085 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMOS, VERA L Street Address (P.O. Box Number is Not Acceptable) 6815 BRIDLEWOOD CT **SUITE 402** BOCA RATON, FL 33433 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change ☐ Addition RAMOS, VERA L NAME NAME STREET ADDRESS 6815 BRIDLEWOOD CT STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -- - Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attactment with an address, with all other like empowered.

FILED

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

To receive the form by mail:

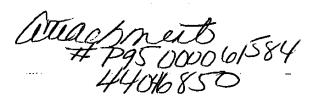
- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P95000061584				Mail Report to:			
VERA L. RAMOS, P.A	.				<u> </u>		
6815 BRIDLEWOOD (•	-				
BOCA RATON FL 334	133-3592				 -		
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CR2E095 4/04

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



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

Return attached postcard to receive form by mail

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
- Allow 10-14 business days for delivery

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PLACE PROPER POSTAGE HERE BEFORE MAILING

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

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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