


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000047080 1. Entity Name LUIS A. RAMUNDO GENERAL CONTRACTING, INC. |  |
|--|---|

| | |
|---|--|
| Principal Place of Business 11624 SW 93 ST. MIAMI FL 33176-1010 | Mailing Address P O BOX 835355 MIAMI FL 33283-355 US |
|---|--|



1st MOORE CR2E034 (10/04)

| | | |
|--------------------------------|--------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt #, etc. | Suite, Apt #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0678326 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent FRESHMAN, TRAITZ 9155 SOUTH DADELAND BLVD SUITE 1014 MIAMI FL 33156 | 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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | RAMUNDO, LUIS A |
| STREET ADDRESS | 11624 SW 93 ST. |
| CITY - ST - ZIP | MIAMI FL 33176-1010 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | U00000214373 |
| STREET ADDRESS | 02/04/05-80011-008 150.00 |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| 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 changed, or on an attachment with an address, with all other like employees

SIGNATURE:  _____ **February 2, 2005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #