

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90035 023 ***158.75

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1. Entity Name

RAMOS AND ASSOCIATES, INC.



Principal Place of Business

306 E. BULLARD PKWY
TAMPA FL 33617

Mailing Address

17905 CACHET ISLE
TAMPA FL 33647

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

59-3410270

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
17905 CACHET ISLE
TAMPA FL 33647

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAMOS, JOSE S
STREET ADDRESS 306 E. BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617

TITLE T ☐ Delete
NAME RAMOS, MINERVA F
STREET ADDRESS 306 E. BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617

TITLE VPD ☐ Delete
NAME RAMOS, YASMIRA
STREET ADDRESS 306 E. BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617

TITLE VPD ☐ Delete
NAME RAMOS, NADJA
STREET ADDRESS 306 E. BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617

TITLE VPD ☐ Delete
NAME RAMOS, YARINEL
STREET ADDRESS 306 E. BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617

TITLE VP ☐ Delete
NAME VALDES FELICIANO, MOISES
STREET ADDRESS 306 E. BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #