

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90151 015 ***158.70

DOCUMENT # P96000095900

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**

40064686



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3410270	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMOS, JOSE S
17905 CACHET ISLE
TAMPA, FL 33647**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	RAMOS, JOSE S
STREET ADDRESS	306 E. BULLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	T
NAME	RAMOS, MINERVA F
STREET ADDRESS	306 E. BULLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VPD
NAME	RAMOS, YASMIRA
STREET ADDRESS	306 E. BULLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VPD
NAME	RAMOS, NADJA
STREET ADDRESS	306 E. BULLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VPD
NAME	RAMOS, YARINEL
STREET ADDRESS	306 E. BULLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VP
NAME	VALDES FELICIANO, MOISES
STREET ADDRESS	306 E. BULLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #