

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000010282**

1. Entity Name  
KRAMA CONSTRUCTION INC.



Principal Place of Business  
13055 SW 262ND TERRACE  
HOMESTEAD, FL 33032

Mailing Address  
13055 SW 262ND TERRACE  
HOMESTEAD, FL 33032

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0741395

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMKISHUN, LALCHAN  
13055 SW 262ND TERRACE  
HOMESTEAD, FL 33032

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RAMKISHUN, LALCHAN
STREET ADDRESS	13055 SW 262ND TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	P
NAME	RAMKISHUN, SHELLAINE
STREET ADDRESS	13055 SW 262 TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000059699  
02/23/04-80008-018 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ Shellaine Ramkishun Date 02.06.04 305-258-5456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR