

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90053 001 ***150.00

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1. Entity Name

K. RAMONNE & ASSOCIATES, INC.



Principal Place of Business

7150 WEST 20TH AVENUE
603
HIALEAH, FL 33016

Mailing Address

~~124 NE 111 STREET~~ 7150 W 20 Ave
~~MIAMI SHORES, FL 33161~~ #603
Hialeah FL
33016



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0787361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SAUNDERS, SHAWN~~
~~124 NE 111 STREET~~
~~MIAMI SHORES, FL 33161~~

Saunders, Shawn
7150 W 20 Ave
#603
Hialeah, FL 33016

**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 Shawn Saunders Shawn Saunders
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/23/04
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	PD
NAME	SAUNDERS, SHAWN
STREET ADDRESS	124 NE 111 STREET 7150 W 20 Ave, #603
CITY-ST-ZIP	MIAMI SHORES, FL 33161 Hialeah, FL 33016

TITLE	M
NAME	PEDRAZA, LUIS
STREET ADDRESS	7150 WEST 20TH AVE. #603
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Shawn Saunders Shawn Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director

3/23/04
Date

305-702-9453
Daytime Phone #