

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000073806 1. Entity Name RAM'S GROUP, INC.			
Principal Place of Business 15714 SW 46 TR MIAMI, FL 33185 <i>12859 S.W. 65 Ter. MIAMI, FL</i>		Mailing Address 15714 SW 46 TR MIAMI, FL 33185	
2. Principal Place of Business <i>33183</i>		3. Mailing Address <i>12859 SW 65 Ter.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>MIAMI</i>	
Zip	Country	Zip <i>FL</i>	Country <i>33183</i>
4. FEI Number 85-0777809		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ELSA C 14261 SW 26 TER MIAMI, FL 33186-2606		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		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 _____ DATE _____			
(NOTE: Registered Agent signature required when changing)			
FILE NUMBER FEE IS \$150.00 APRIL MAY 1, 2003 FEE WILL BE \$550.00 STATE OF FLORIDA SECRETARY OF STATE		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, NOEMI 14243 SW 26 TERR MIAMI, FL 33176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 my address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>04/29/03</i>	
SIGNATURE TYPE: _____ TYPE OF COMPANY: _____ TITLE OF SIGNING OFFICER OR DIRECTOR: _____		Daytime Phone # _____	

CR2E034 (10/02)