2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P98000001926

Entity Name: BENET RAMOS ARCHITECTS, INC.

Current Principal Place of Business:

411 BARBAROSSA AVE.
CORAL GABLES, FL 33146

New Principal Place of Business:

411 BARBAROSSA AVE.
CORAL GABLES, FL 33146 US

Current Mailing Address:

411 BARBAROSSA AVE.
CORAL GABLES, FL 33146

New Mailing Address:

411 BARBAROSSA AVE.
CORAL GABLES, FL 33146 US

FEI Number: 65-0820623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, DELORES BENET
411 BARBAROSSA AVE.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

RAMOS, DOLORES B DPS
411 BARBAROSSA AVE.
CORAL GABLES, FL 33146 US

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.

SIGNATURE: DOLORES BENET RAMOS 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: RAMOS, DOLORES B
Address: 411 BARBAROSSA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: DVPT ( ) Delete
Name: RAMOS, CLAUDIO R
Address: 411 BARBAROSSA AVE.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: RAMOS, DOLORES B
Address: 411 BARBAROSSA AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DVPT (X) Change ( ) Addition
Name: RAMOS, CLAUDIO R
Address: 411 BARBAROSSA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES BENET RAMOS DPS 04/29/2005
Electronic Signature of Signing Officer or Director Date