

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000001926

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** BENET RAMOS ARCHITECTS, INC.

**Current Principal Place of Business:**

411 BARBAROSSA AVE.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

411 BARBAROSSA AVE.  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 65-0820623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

RAMOS, DOLORES B  
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

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** DOLORES BENET RAMOS

DPS

01/13/2011

Electronic Signature of Signing Officer or Director

Date