Mar 01, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION ANNUAL REPORT** 03-01-2004 90047 046 ***150.00 DOCUMENT # P98000024430 RAMCO DEVELOPMENT, INC. 94022355 Principal Place of Business Mailing Address 6909 ARABIAN ROAD 6909 ARABIAN ROAD ODESSA, FL 33556 ODESSA, FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3503154 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, RAMESH Street Address (P.O. Box Number is Not Acceptable) 6909 ARABIAN ROAD ODESSA, FL 33556 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition PATEL, MAHESH R NAME NAME STREET ADDRESS 6909 ARABIAN RD. STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition PATEL, SHAILA NAME NAME STREET ADDRESS 6909 ARABIAN RD. STREET ADDRESS CITY - ST - ZIP ODESSA, FL 33556 CITY-ST-ZIP JITLE ... Delete TITLE Change -- Addition NAME PATEL, RAMESH NAME STREET ADDRESS 6909 ARABIAN RD. STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME PATEL, HITESH NAME 6909 ARABIAN RD STREET ADDRESS STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

KAMESH

Delete

PATEL 02/26/204 813 926/143

FILED

☐ Change

☐ Addition