2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000039330

RAMOS & SONS ENTERPRISES, INC.



FILED May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

205 22ND STREET EAST BRADENTON, FL 34208 205 22ND STREET EAST BRADENTON, FL 34208



03202006

No Chg-P

CR2E034 (11/05)

| 4. | FEI Number | | |
|----|------------|------|--|
| | 65-0834371 | | |
| | | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| | | | Current | | |
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RAMOS, ROGELIO 202 22ND STREET EAST

DO NOT WRITE

| BRADENT | ON, FL 34208 | | IN THIS SPACE | | | | |
|--|--|---|-------------------|----------------------------|--|--|--|
| | named entity submits this statement for the pions of registered agent. | urpose of changing its registers | ed office or re | egistered agent, or bo | th, in the State of FlorIda. Jam familiar with, and accept | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if | applicable (NOTE, Registered | d Agent signature | required when reinstating) | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | | | |
| 10. | OFFICERS AND DIREC | TORS | ı | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAMOS, ROGELIO 205 22ND STREET EAST BRADENTON, FL 34208 | | HOODOOFFTOOAO | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RAMOS, RAUL 1647 82ND ST. PALMETTO, FL 34221 | | | | U00000552943 05/15/06-80032-013 150.00 | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | T VELA, ROY 2120 3RD AVE E. BRADENTON, FL 34258 | ÷ | DO NOT WRITE | | | | |
| NAME STREET ADDRESS CHTY-ST-ZIP | S RAMOS, ADAN 2809 9TH AVE EAST BRADENTON, FL 34208 | | | IN ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | | | ŀ | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 emp

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NAME STREET ADDRESS CITY-ST-ZIP

Rogelio Romas 3-19-06

Daytime Phone #