

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90031 029 ***150.00

DOCUMENT # P98000047168

1. Entity Name
RAM ADVISORS, INC.



Principal Place of Business
810 SATURN STREET
STE. 16-420
JUPITER, FL 33477 US

Mailing Address
810 SATURN STREET
STE. 16-420
JUPITER, FL 33477 US

00000011



06222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0837801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, ROBERT A
~~810 SATURN STREET~~ *ok 810 Saturn Street*
SUITE 16-420
JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

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. *NO CHANGE*

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MILLER, ROBERT A
810 SATURN STREET, STE. 16-420
JUPITER, FL 33477

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

Robert A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. Miller

8-11-06
Date

5617484660
Daytime Phone #