

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90113 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057170			
1. Entity Name RAM'S BAKERY ENTERPRISES, INC.			
Principal Place of Business 861 NW 85 TERRACE APT. #1815 PLANTATION, FL 33324		Mailing Address 861 NW 85 TERRACE APT. #1815 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0852970		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESAI, AL H 5401 KIRKMAN ROAD SUITE 605 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name: DESAI AL H Street Address (P.O. Box Number is Not Acceptable) 4403 VINELAND RD SE. B-12 City: ORLANDO FL Zip Code: 32811	
B. 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: <i>Rotem Grosman</i>		DATE: Apr. 25.03	
FILE NOW!!! FEB IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GROSMAN, ROTEM 861 NW 85 TERRACE #1815 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Rotem Grosman</i>		DATE: Apr. 25.03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Cayman Phone #	

CH2E034 (10/02)