

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065448

Entity Name: RAMZEY'S A PLUS, INC.

FILED
Mar 12, 2004
Secretary of State

Current Principal Place of Business:

1206 N US1
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1206 N US1
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3525435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QABLAWI, NEZAR
1229 WINDING MEADOWS RD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QABLAWI, NEZAR
Address: 1229 WINDING MEADOWS RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD (X) Delete
Name: QABLAWI, ADEL
Address: 1199 WALNUT GROVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD () Delete
Name: QABLAWI, AMELIA
Address: 1229 WINDING MEADOWS RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: ELSANEH, SOUHEILA
Address: 1209 MEADOW LAKE RD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AMELIA QABLAWI

STD

03/12/2004

Electronic Signature of Signing Officer or Director

Date