FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90179 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075523

1. Entity Name
R.A.M. SOLUTIONS, INC.

11010027

Principal Place of Business	Mailing Address
3956 W. HILLSBOROUGH AVE TAMPA, FL 33614	3956 W. HILLSBOROUGH AVE TAMPA, FL 33614

2. Principal Place of Business	3. Mailing Address
3105 W. WATERS AVE	3105 W. WATERS AVE
Suite, Apt. #, etc. 109 A	Suite, Apt. #, etc. 109 A
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33614 Country HILLSBOROUGH	Zip 33614 Country HILLSBOROUGH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3530025 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MESSINEO, CHRISTINA
5204 CARROLLWOOD MEADOWS DRIVE
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: MESSINEO, CHRISTINA STREET ADDRESS: 5204 CARROLLWOOD MEADOWS DRIVE CITY-ST-ZIP: TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: CEO NAME: MESSINEO, ROBERT STREET ADDRESS: 5204 CARROLLWOOD MEADOWS DRIVE CITY-ST-ZIP: TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/24/2003 813-8755502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #