2007 FOR PROFIT CORPORATION

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ANNUAL REPORT				Jan 09, 2007 08:0 Secretary of St		
DOCUMENT # P9900002020 7 1. Entity Name RAMCOM INTERNATIONAL CORP.					S	ecretary of St
Principal Place 4970 SW 72I STE 408 MIAMI, FL 33	ND AVE	Mailing Address 4970 SW 72ND AVE STE 408 MIAMI, FL 33155			1	
DO NOT WRITE IN THIS SPACE			CE	01042007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For		
				65-088		Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SMITH, AUENI 200 SOUTH BISCAYNE BLVD #2500 MIAMI, FL 33131			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						
Signature: Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature)				red when roinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DI D FERNANDEZ, RAFAEL M 400 SAVONA AVE CORAL GABLES, FL 33146	RECTORS			U00000 01/10/07-	0579559 -80012-012 150.00
NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME			DO NOT WRITE IN THIS SPACE			

12. I hereby certify that the information supplied with this filing does not qualify to 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 profit 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYDEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 446 - 3410 Daytime Phone #