2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034133

1. Entity Name
SIGNS BY RAMON, INCORPORATED

Principal Place of Business	Mailing Address
4818 N HALE AVE TAMPA, FL 33614	4917 ROCKLEDGE CIRCLE TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3570550	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIGAL, RAMON
4917 ROCKLEDGE CIRCLE
TAMPA, FL 33624

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RIGAL, RAMON
STREET ADDRESS	4917 ROCKLEDGE CIRCLE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VP
NAME	RIGAL, MARTIZA
STREET ADDRESS	4917 ROCKLEDGE CIRCLE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000464265
03/21/06 00110-010 150.00

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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: _Marilyn Rigal_ (MARITZA RIGAL)   3/10/06   813-348-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #