2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000034133

1. Entity Name
SIGNS BY RAMON, INCORPORATED

Principal Place of Business ___

4818 N HALE AVE
TAMPA, FL 33614

Mailing Address

4917 ROCKLEDGE CIRCLE
TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3570550	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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000820802
02/18/08-80043-014 150.00

DO NOT WRITE

IN THIS SPACE

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: Maritza Rigal   Maritza Rigal   2/6/08   813-348-4157

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