

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90017 001 ***150.00

DOCUMENT # P99000077089					
1. Entity Name RAMIREZ TRUJILLO INVESTMENTS, INC.					
Principal Place of Business 4315 N.W 7TH ST., #40 MIAMI, FL 33126			Mailing Address 4315 N.W 7TH ST., #40 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 4315 NW 7TH ST		3. Mailing Address 4315 NW 7TH ST			
Suite, Apt. #, etc. 37-B		Suite, Apt. #, etc. 37-B			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33126		Country USA		4. FEI Number 02-0554751	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRUJILLO, JULIAN R 4315 N.W 7TH ST., #40 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Julian Ramirez Trujillo Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7TH ST # 37-B City MIAMI FL Zip Code 33126		
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 4-9-07 (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUJILLO, JULIAN R 4315 N.W 7TH ST., #40 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Julian Ramirez Trujillo 4315 NW 7TH ST # 37-B MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 			Date 4-9-07 Daytime Phone #		