

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000077089

1. Entity Name
RAMIREZ TRUJILLO INVESTMENTS, INC.



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

05-01-2007 90017 001 ***150.00

400034



01132007 Chg-P CR2E034 (12/06)

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
Suite, Apt. #, etc.
37-B

3. Mailing Address
4315 NW 7TH ST
Suite, Apt. #, etc.
37-B

City & State
MIAMI, FL
Zip 33126 Country USA
Zip 33126 Country USA

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

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, JULIAN R		NAME	Julian Ramirez Trujillo	
STREET ADDRESS	4315 N.W 7TH ST., #40		STREET ADDRESS	4315 NW 7TH ST # 37-B	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

Daytime Phone #