



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2007 8:00 am
Secretary of State

05-04-2007 90091 037 ***158.75

DOCUMENT # P99000096984 1. Entity Name RAMOS PRODUCTIONS, INC.					
Principal Place of Business P.O. BOX 2265 PALM BEACH, FL 33480			Mailing Address P.O. BOX 2265 PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box # 303 Sunset Rd.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; transform: rotate(-15deg);">66017283</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 05022007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State			
Zip 33480	Country	Zip	Country		
4. FEI Number 65-0959674				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RAMOS, MICHAEL P.O. BOX 2265 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Michael Ramos Street Address (P.O. Box Number is Not Acceptable) 303 Sunset Rd. City West Palm Beach FL Zip Code 33401		
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 <u><i>Michael Ramos</i></u> DATE <u>5/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete RAMOS, MICHAEL P.O. BOX 2265 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit MICHAEL RAMOS 303 SUNSET RD. WEST PALM BEACH, FL 33401	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Ramos*