


**2005 FOR PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90228 023 \*\*\*150.00

DOCUMENT # S82270							
1. Entity Name RAMON HOSPITALET, P.A.							
Principal Place of Business 1140 WEST 50TH ST. SUITE #302 HIALEAH, FL 33012 US		Mailing Address 1140 WEST 50TH ST. SUITE #302 HIALEAH, FL 33012 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0314082			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HOSPITALET, RAMON A. 9010 N.W. 145TH LANE MIAMI, FL 33018			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	D/P/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOSPITALET, RAMON A.		NAME				
STREET ADDRESS	9010 N.W. 145TH LANE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33018		CITY-ST-ZIP				
TITLE	D/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOSPITALET, REGLA		NAME				
STREET ADDRESS	9010 N.W. 145TH LANE		STREET ADDRESS				
CITY-ST-ZIP	MAIMI, FL 33018		CITY-ST-ZIP				
TITLE	D/VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOSPITALET, RAYMOND		NAME				
STREET ADDRESS	9010 NW 145TH LANE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33018		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 exemption stated in Section 119.07(3)(i), 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: <i>Ramon A. Hospitalet</i>		RAMON A. HOSPITALET PRESIDENT 02/23/2005 (305) 557-3565					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Day Daytime Phone #					

ATTACHMENT

66607282

1140 W 50<sup>th</sup> Street Suite 302  
Hialeah, FL 33012  
305-557-3565  
305-558-6308 Fax

## Ramon Hospitalet, PA

March 21, 2005

To: Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

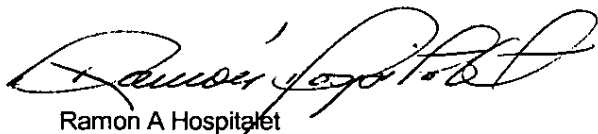
Subject: Ramon Hospitalet, PA

Reference: S82270

This letter is in response to the letter we received explaining there was an unrecognizable signature on the UBR report we had previously sent. However, I have seen the copy and can confirm that the signature is that of my own, Ramon A Hospitalet, President, Director, and Treasurer of the Corporation. I am unsure as of why my signature wasn't recognized by the state, but like I mentioned before, it's my own. Please update your records, so that my UBR report for the year can be filed on a timely manner. Thank you in advance.

Note: Attached is the copy of the UBR with the officials and their titles.

Sincerely,



Ramon A Hospitalet  
President