
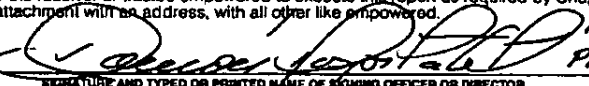


**2005 FOR PROFIT CORPORATION ANNUAL REPORT.**

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

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

<b>DOCUMENT # S82270</b>					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02232005 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 65-0314082	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOSPITALET, RAMON A. 9010 N.W. 145TH LANE MIAMI, FL 33018				7. Name and Address of New Registered Agent 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"/> <b>\$5.00</b> 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/P/T HOSPITALET, RAMON A. 9010 N.W. 145TH LANE MIAMI, FL 33018	<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	D/S HOSPITALET, REGLA 9010 N.W. 145TH LANE MAIMI, FL 33018	<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	D/VP HOSPITALET, RAYMOND 9010 NW 145TH LANE MIAMI, FL 33018	<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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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
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: 			RAMON A. HOSPITALET PRESIDENT 02/23/2005 (305) 557-3565		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Day Daytime Phone #</small>		

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

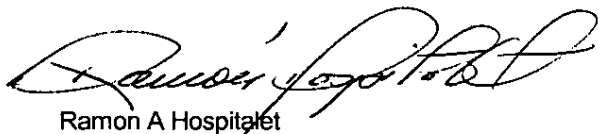
Subject: Ramon Hospitalet, PA

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