

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02703

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** RAMON SANCHEZ ENTERPRISES, INC.

**Current Principal Place of Business:**

2880 B ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

2880 B ROAD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-0301074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, DONNIE  
912 N 21ST STREET  
FT PIERCE, FL 33450 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SANCHEZ, RAMON  
Address: 2880 B ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VSD ( ) Delete  
Name: SANCHEZ, LIVIA F.  
Address: 2880 B ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON SANCHEZ

PTD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date