


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90172 043 \*\*\*150.00

<b>DOCUMENT # V71656</b>	
1. Entity Name <b>RAMOS EXPRESS, INC.</b>	

Principal Place of Business <b>2158 WEST 60 STREET SUITE 13205 HIALEAH, FL 33016 US</b>	Mailing Address <b>2158 WEST 60 STREET SUITE 13205 HIALEAH, FL 33016 US</b>
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2. Principal Place of Business <b>11001 W. Ockeechobee Rd Suite, Apt. #, etc. 102</b>	3. Mailing Address <b>11001 W. Ockeechobee Rd Suite, Apt. #, etc. 102</b>
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City & State <b>Hialeah Garden</b>	City & State <b>Hialeah Garden</b>
Zip <b>33018</b>	Country <b>DADE</b>
Zip <b>33018</b>	Country <b>Dade</b>

4. FEI Number  
**65-0363049**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

03282006 Chg-P CR2E034 (11/05)



<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>RAMOS, XIOMARA 2158 WEST 60 ST SUITE 13205 HIALEAH, FL 33016</b>	Name <b>Ramos Xiomara</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>11001 W. Ockeechobee Rd</b>
	<b>apt 102</b>
	City <b>Hialeah Garden FL</b> Zip Code <b>33018</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMOS, XIOMARA 2158 WEST 60 ST SUITE 13205 HIALEAH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ramos Xiomara 11001 W. Ockeechobee Rd apt 102 Hialeah Garden FL 33018 <input checked="" 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 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: Xiomara Ramos \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #