


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90172 043 ***150.00


DOCUMENT # V71656	
1. Entity Name RAMOS EXPRESS, INC.	

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

400000



03282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0363049	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 RAMOS, XIOMARA 2158 WEST 60 ST SUITE 13205 HIALEAH, FL 33016	
7. Name and Address of New Registered Agent Name: Ramos Xiomara Street Address (P.O. Box Number is Not Acceptable): 11001 W Ockeechobee Rd Apt 102 City: Hialeah Garden FL Zip Code: 33018	

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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 #