


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90010 043 \*\*\*150.00

DOCUMENT # P02000029629			
1. Entity Name THE RAMPER GROUP, INC.			
Principal Place of Business 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556		Mailing Address 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556	
2. Principal Place of Business - No P.O. Box # 6820 SW 40TH ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33155		Country	
4. FEI Number 02-0590854		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	
RAMIREZ, JORGE O 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556		Name MADELEINE PEREZ - VELEZ Street Address (P.O. Box Number is Not Acceptable) 8405 RIDGEBROOK CIRCLE City ODESSA FL Zip Code 33556	
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: <i>Madeleine Perez</i> MADELEINE PEREZ - VELEZ		DATE: 01-29-2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P	RAMIREZ, JORGE O <input type="checkbox"/> Delete	TITLE PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MADELEINE PEREZ-VELEZ
NAME	8405 RIDGEBROOK CIRCLE	NAME	8405 RIDGEBROOK CIRCLE
STREET ADDRESS	ODESSA, FL 33556	STREET ADDRESS	ODESSA, FL 33556
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ST	PEREZ-VELEZ, MADELEINE <input type="checkbox"/> Delete	TITLE SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LUCIA P. PEREZ
NAME	8405 RIDGEBROOK CIRCLE	NAME	2538 MONTCLAIRE CT.
STREET ADDRESS	ODESSA, FL 33556	STREET ADDRESS	WESTON, FL 33375
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	RAMIREZ, JORGE G <input type="checkbox"/> Delete	TITLE	
NAME	8405 RIDGEBROOK CIRCLE	NAME	
STREET ADDRESS	ODESSA, FL 33556	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	QUIDGLEY, MONICA M <input type="checkbox"/> Delete	TITLE	
NAME	8405 RIDGEBROOK CIRCLE	NAME	
STREET ADDRESS	ODESSA, FL 33556	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
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 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: <i>Madeleine Perez</i> MADELEINE PEREZ- PRES.		Date: 01/29/07 Daytime Phone #: 663-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	