


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005584
 1. Entity Name
PIRAKMI, INC.



Principal Place of Business Mailing Address
104 GARLAND COURT **104 GARLAND COURT**
TAMPA, FL 33613 **TAMPA, FL 33613**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0427137	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BONOAN, UNIDAD R
104 GARLAND COURT
TAMPA, FL 33613

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7. 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: *Unid R Bonoan* (**UNIDAD R. BONOAN**) 2/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDST BONOAN, UNIDAD R 104 GARLAND COURT TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONOAN, RAYNALD S 104 GARLAND COURT TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONOAN, R. HADJI 104 GARLAND COURT TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONOAN, R. RAJAH 104 GARLAND COURT TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Unid R Bonoan* (**UNIDAD R. BONOAN**) 2/6/05 (813) 961-6887
Signature and typed or printed name of signing officer or director Date Daytime Phone #