FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
05 JUN 30 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083441

1. Entity Name

Ronbay, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-05

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
4710 NW 72 Ave	Suite, Apt. #, etc.	02-0637419	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc.	City & State		
City & State: Miami, Fl	Zip / Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 33066 Country			

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7. Name and Address of Current Registered Agent

Name: Moreno, Felix

Street Address (P.O. Box Number is Not Acceptable): 4710 NW 72 Ave

City: Miami, FL Zip Code: 33066

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: [signature] 500057346405 07/12/05--01033--013 **450.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Moreno, Felix
STREET ADDRESS	4710 NW 72 Ave
CITY-ST-ZIP	Miami, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **RONBAY, INC.**

Thank you for your courtesy in this matter.

X _____
FELIX MORENO
PRESIDENT