

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000116173**

1. Entity Name  
**RONART, INC.**



Principal Place of Business      Mailing Address

**988 HARBOR VIEW NORTH**      **988 HARBOR VIEW NORTH**  
**HOLLYWOOD, FL 33019 US**      **HOLLYWOOD, FL 33019 US**



03242006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-1474863**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRAFF, RONIT**  
**988 HARBOR VIEW NORTH**  
**HOLLYWOOD, FL 33019**

**DO NOT WRITE IN THIS SPACE**

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: *Ronit Graff*      *Ronit Graff*      *3/28/06*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GRAFF, RONIT
STREET ADDRESS	988 HARBOR VIEW NORTH
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VP
NAME	GRAFF, YORAM Z
STREET ADDRESS	988 HARBOR VIEW NORTH
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/11/06-20112-006 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Ronit Graff*      *Ronit Graff*      *3/28/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #