


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 268575 1. Entity Name RONIT, INC.	
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Principal Place of Business 4781 NE 17TH DR PO BOX 5176 LIGHTHOUSE POINT, FL 33074	Mailing Address 4781 NE 17TH DR PO BOX 5176 LIGHTHOUSE POINT, FL 33074
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1010204	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

TINOR, MARJORIE S.
4791 N.E. 17TH DRIVE
POMPANO BEACH, FL 33064

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD TINOR, HENRY 4791 NE 17TH DRIVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TINOR, MARJORIE S. 4791 NE 17TH DRIVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COURTRIGHT, JOHANNA 4781 NE 17TH DRIVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

04/23/04-80062-008 150.00

12. I hereby certify that the information supplied with this report 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 of the above empowered.

SIGNATURE: Henry Tinor 4-21-04 954-944-540

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