


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 461803	
1. Entity Name RAM RAJ, INC.	

Principal Place of Business 350 LINCOLN RD, STE 315 MIAMI BCH, FL 33139	Mailing Address 350 LINCOLN RD, STE 315 MIAMI BCH, FL 33139
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1452678	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	
CHATANI, SHEVAK 350 LINCOLN RD, STE 315 MIAMI BEACH, FL 33139	

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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
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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	U00000668467 03/27/07-80031-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	T
NAME	CHATANI, HARESH C
STREET ADDRESS	350 LINCOLN RD, STE 315
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	D
NAME	VASANDANI, BHAGWAN N
STREET ADDRESS	350 LINCOLN RD
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	D
NAME	CHATANI, KISHU
STREET ADDRESS	350 LINCOLN RD, STE 315
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	CHATANI, PRAKASH
STREET ADDRESS	350 LINCOLN RD, STE 315
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
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 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>Hareesh Chatani</i>	Date: 3-13-07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		