


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90027 042 ***150.00

DOCUMENT # F31053 1. Entity Name RAMBARRAN INVESTMENTS, INC.					
Principal Place of Business C/O HARRY, RAMBARRAN 1570 SW 155TH AVE DAVIE, FL 33326 US			Mailing Address C/O HARRY, RAMBARRAN 1570 SW 155TH AVE DAVIE, FL 33326 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2144912	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMBARRAN, HARRY 1570 SW 155TH AVE DAVIE, FL 33326				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMBARRAN, HARRY		NAME		
STREET ADDRESS	1570 SW 155TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33326		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMBARRAN, EDNA D.		NAME		
STREET ADDRESS	1570 SW 155TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33326		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMBARRAN, MICHAEL		NAME		
STREET ADDRESS	12506 NW 18TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>HARRY RAMBARRAN (PRES)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/14/08 - 954-452-5050 <small>Date Daytime Phone #</small>		

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04122008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable