

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34269

FILED
Jan 07, 2009
Secretary of State

Entity Name: RONAC ENTERPRISES, INC.

Current Principal Place of Business:

6360 N.W. 82 AVE.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 651505
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 59-2096296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALONGE, LAUDELINA A.
1801 S.W. 104 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CALONGE, LAUDELINA A
Address: 1801 SW 104 AVE.
City-St-Zip: MIAMI, FL 33165

Title: VD () Delete
Name: CALONGE, CARLOS
Address: 1801 SW 104 AVE.
City-St-Zip: MIAMI, FL 33165

Title: PD (X) Delete
Name: CALONGE, JOSE A
Address: 11540 SW 121ST AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALONGE, LAUDELINA A
Address: 1801 SW 104 AVE.
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUDELINA CALONGE

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date