


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90318 039 ***150.00

DOCUMENT # K28693 1. Entity Name RAM FINANCIAL SERVICES, INC.					
Principal Place of Business P O BOX 57533 THE REGENCY JACKSONVILLE, FL 32241-7533 US			Mailing Address P O BOX 57533 THE REGENCY JACKSONVILLE, FL 32241-7533 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1796792	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOUSEY, CLAY B., JR 2600 INDEPENDENT SQUARE JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNAN, MOHAN		NAME		
STREET ADDRESS	P.O. BOX 134 NA		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNAN, VASANTHALAXMI		NAME		
STREET ADDRESS	P.O. BOX 134 NA		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNAN, RAJKUMAR		NAME		
STREET ADDRESS	P.O. BOX 134		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNAN, JAYRAM		NAME		
STREET ADDRESS	P.O. BOX 134		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACHITHANANTHAN, S		NAME		
STREET ADDRESS	P.O. BOX 134		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNAN, MIGUEL		NAME		
STREET ADDRESS	P.O. BOX 134		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA 19087		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Mohan Krishnan (MOHAN KRISHNAN) PRESIDENT 4/20/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					