

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # M73504**

1. Entity Name  
**REMA INVESTMENTS, INC.**



Principal Place of Business  
**3312 LITHIA PINECREST  
VALRICO, FL 33594 US**

Mailing Address  
**3312 LITHIA PINECREST ROAD  
VALRICO, FL 33594 US**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2881353**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PATEL, PRATIV  
815 GREEN WOOD COURT  
VALRICO, FL 33594**

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

**PRATIV PATEL, PRESIDENT**

**3-28-07**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PATEL, PRATIV
STREET ADDRESS	815 GREENWOOD CT
CITY-ST-ZIP	BRANDON, FL
TITLE	T
NAME	PATEL, JOCELYN
STREET ADDRESS	815 GREENWOOD CT.
CITY-ST-ZIP	BRANDON, FL
TITLE	V
NAME	BAKRANIA, REKHA
STREET ADDRESS	127 BARRINGTON DR
CITY-ST-ZIP	BRANDON, FL
TITLE	S
NAME	BAKARANIA, MAGAN
STREET ADDRESS	127 BARRINGTON DR
CITY-ST-ZIP	BRANDON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000684136  
04/06/07-80020-011 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRATIV PATEL**

**3-28-07**

Date

**813-654-2323**

Daytime Phone #