2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State
02-08-2005 90005 014 ***150.00

DOCUMENT # P00000002061

1. Entity Name
VINOD & SONS, INC.

Principal Place of Business	Mailing Address
422 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 US	422 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address 6504 Raham Ct Port Orange, FL 32128
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Port Orange FL
Zip / Country	Zip 32128 / Country

4. FEI Number 59-3646686 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMA, BIPIN
~~422 N. ATLANTIC AVE.~~
DAYTONA BEACH ~~FL 32118~~
6504 Raham Ct
Port Orange, FL 32128

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 [signature] 3/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMA, BIPIN 422 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMA, KALA 422 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #