

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000099025**

1. Entity Name  
**RANJANA CORP.**



Principal Place of Business  
**4902 N. KINGS HIGHWAY  
FORT PIERCE, FL 34951**

Mailing Address  
**630 SW PALMETTO COVE  
PORT ST LUCIE, FL 34986**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1050241**

Applied For
Not Applicable

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

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

**PATEL, RANJANA  
630 SW PALMETTO COVE  
PORT ST LUCIE, FL 34986**

**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, 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, 2008 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, RANJANA
STREET ADDRESS	630 SW PALMETTO COVE
CITY-ST- ZIP	PORT ST LUCIE, FL 34986

TITLE	VP
NAME	PATEL, PANNA
STREET ADDRESS	1256 SW CEDAR COVE
CITY-ST- ZIP	PORT ST. LUCIE, FL 34986

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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CITY-ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000933653  
05/22/08-80104-020 150.00

**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 an officer like empowered

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

- 4/29/08 772-465-1653