

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099649 1. Entity Name RAMAN REALTY, CORP.			
Principal Place of Business 18430 SW 4TH ST PEMBROKE PINES FL 33029		Mailing Address P.O. BOX 824264 SOUTH FLA. FL 33082-4264	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FCI Number 65-1053118		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALDANA, RAOUL 18430 SW 4TH ST PEMBROKE PINES FL 33029		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PDSO	TITLE	
NAME	SALDANA, RAOUL	NAME	
STREET ADDRESS	9400 HOLLYBROOK DR., BLDG. 6, APT 110	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Add	
TITLE	VTD	TITLE	
NAME	VIDAL, ROSA M	NAME	
STREET ADDRESS	18430 SW 4TH ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Add	
TITLE		TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Raoul Saldaña Scmier

2/6/2006

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #