2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108861

1. Entity Name RAN! INC

FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

24718 STATE ROAD 54 LUTZ, FL 33559 Mailing Address 24718 STATE ROAD 54 LUTZ, FL 33559



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

PATEL, RAHUL 4518 CHEVAL BLVD LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	d office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little is	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		Election Campaign Finance Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, NAYANABEN 4518 CHEVAL BLVD LUTZ, FL 33548			U00000793457 01/25/08-80009-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, RAHUL 4518 CHEVAL BLVD LUTZ, FL 33548			01/52/ <u>00_00002</u> -051 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME -: 1† STREET ADDRESS CITY-ST-ZIP	ा प्रकारित स्थाप क्षा वसीत क्षेत्रकार	mar mar transfer	णः । वृत्रस्योगः त्लाः ।	ļ

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:	1agan Aliter	NAY
	SIGNATURE AND TYPED OR PRINTED NAME OF S	NAME OF EICE

KATEN 1-

813-948-4341