2007 FOR PROFIT CORPORATION

Apr 20, 2007 08:00 A Secretary of State DOCUMENT # P02000005315 1. Entity Name RAMA LUGGAGE & BAGS INC. Principal Place of Business Mailing Address 10481 NW 36TH STREET 10481 NW 36TH STREET MIAMI, FL 33178 MIAMI, FL 33178 03082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1419752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUJAN, TIKAM DO NOT WRITE **10481 NW 36TH STREET** MIAMI, FL 33178 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME SUJAN, TIKAM 10481 NW 36 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U00000718830 STREET ADDRESS 05/01/07-80038-008 150.00 CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PROVED NAME OF SIGNING OFFICER OR DIRECTOR

FILED