

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

DOCUMENT # P02000006185

1. Entity Name  
RAMIN, INC.



07 NOV 26 AM 10:12

Principal Place of Business  
4991 S.E. HIGHWAY 31  
ARCADIA, FL 34266

Mailing Address  
4991 S.E. HIGHWAY 31  
ARCADIA, FL 34266

2011-29-07 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

30-0035463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEGUM, ROKEYA  
4991 S.E. HIGHWAY 31  
ARCADIA, FL 34266

Name  
Iqbal, Mohamed

Street Address (P.O. Box Number is Not Acceptable)  
3452 Suwanee Street

City  
Zolfo Springs

FL

Zip Code  
33890

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

*Md. Iqbal*

Mohamed Iqbal

11/20/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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  
D  
IQBAL, MOHAMED  
3434 MARION STREET  
ZOLFO SPRINGS, FL 33890 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/D  
Iqbal, Mohamed  
3452 Suwanee street  
Zolfo Springs, FL 33890 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BEGUM, ROKEYA  
4991 S.E. HIGHWAY 31  
ARCADIA, FL 34266 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/T/D  
Sultana, Roksana  
3452 Suwanee Street  
Zolfo Springs, FL 33890 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Md. Iqbal*

Mohamed Iqbal

11/20/07

8637813376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone