
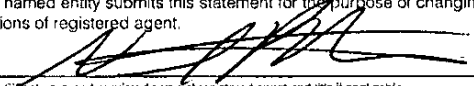
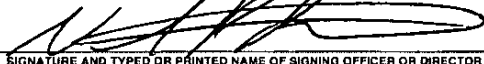


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90187 028 ***150.00

DOCUMENT # P03000015781 1. Entity Name RANBIR, INC.			
Principal Place of Business 9222 SOUTHERN BREEZE DR ORLANDO, FL 32836		Mailing Address 9222 SOUTHERN BREEZE DR ORLANDO, FL 32836	
2. Principal Place of Business 3601 West BURLEIGH BLVD Suite, Apt. #, etc.		3. Mailing Address 3601 West Burleigh Blvd, Suite, Apt. #, etc.	
City & State TAUARES, FL Zip 32778 Country USA		City & State TAUARES, FL 32778 Zip 32778 Country US	
4. FEI Number 11-3695421		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHEY, STEVEN J ESQ 604 S 9 ST LEESBURG, FL 34749		7. Name and Address of New Registered Agent Name NIMAL P. PATEL Street Address (P.O. Box Number is Not Acceptable) 3601 West BURLEIGH BLVD City TAUARES FL Zip Code 32778	
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  D 4/6/05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLUWALIA, JASBIR	NAME	
STREET ADDRESS	9222 SOUTHERN BREEZE DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, P M	NAME	PATEL, P.M
STREET ADDRESS	9222 SOUTHERN BREEZE DR	STREET ADDRESS	1300 Plaza Dr.
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Smyrna, TN 37129
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, NIMAL P	NAME	PATEL NIMAL
STREET ADDRESS	9222 SOUTHERN BREEZE DR	STREET ADDRESS	9090 St. Andrews Way
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/6/05 615-473-1180 <small>Date Daytime Phone #</small>	