2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000015781

1. Entity Name
RANBIR, INC.

Principal Place of Business	Mailing Address
3601 W BURLEIGH BLVD TAVARES, FL 32778 US	3601 W BURLEIGH BLVD TAVARES, FL 32778 US

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (01/05)

4. FEI Number
11-3695421

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, NIMAL P
3601 WEST BURLEIGH BLVD
TAVARES, FL 32778

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	AHLUWALIA, JASBIR
STREET ADDRESS	9222 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	PATEL, P.M.
STREET ADDRESS	1300 PLAZA DR
CITY-ST-ZIP	SMYRNA, TN 37129
TITLE	D
NAME	PATEL, NIMAL
STREET ADDRESS	9090 ST ANDREWS WAY
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	U00000557204
STREET ADDRESS	05/17/06-80039-021 150.00
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/27/06 352-742-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone