

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000131999 1. Entity Name RONAK INVESTMENTS, INC	
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2. Principal Place of Business 123 Magnolia Ave. Suite, Apt. #, etc.		3. Mailing Address 123 Magnolia Ave. Suite, Apt. #, etc.	
City & State Auburndale,		City & State Auburndale,	
Zip 33823	Country	Zip 33823	Country

4. FEI Number 20-0392364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SONI, JAYESH	
Street Address (P.O. Box Number is Not Acceptable) 500 S.R 436 2022	
City CASSELBERRY FL 32707	Zip Code 32707

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SONI, JAYESH R 500 STATE ROAD 436, STE # 2022 CASSELBERRY FL 32707 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SONI, JAYSHREE J 500 STATE ROAD 436, STE # 2022 CASSELBERRY FL 32707 US
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #