

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90325 023 ***150.00

DOCUMENT # P03000132446

1. Entity Name
RAM SWAMINARAYAN, CORP.



Principal Place of Business
7911 SW 157 CT
MIAMI, FL 33193

Mailing Address
7911 SW 157 CT
MIAMI, FL 33193



2. Principal Place of Business

13449 SW 56 TH
Suite, Apt. #, etc.

3. Mailing Address

13449 SW 56 TH
Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

71-0955828

Applied For

Not Applicable

Zip

33175

Country

Zip

33175

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THAKKAR, DILIP S
7911 SW 157 CT
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name **THAKKAR, Dilip S**

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

13449 SW 56 TH

City **Miami**

FL

Zip Code **33175**

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. S. Thakkar**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **THAKKAR, DILIP S**
STREET ADDRESS **7911 SW 157 CT**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **V** ☐ Delete
NAME **THAKKAR, RAJESH S**
STREET ADDRESS **7911 SW 157 CT**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Thakkar, Dilip S**
STREET ADDRESS **13449 SW 56 TH**
CITY-ST-ZIP **Miami FL, 33175**

TITLE **V** ☒ Change ☐ Addition
NAME **Thakkar, Rajesh S**
STREET ADDRESS **13449 SW 56 TH**
CITY-ST-ZIP **Miami FL, 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **D. S. Thakkar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #