

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-08-2005 90056 043 ***150.00

DOCUMENT # P04000050300 1. Entity Name RANGAMI, INC.					
Principal Place of Business 1259 MARINA POINT 303 CASSELBERRY, FL 32707			Mailing Address 1259 MARINA POINT 303 CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address 1945 Mitchellbrook Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Casselberry			
City & State		City & State FL		4. FEI Number 20-0888269	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32707		Country Seminol		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATEL, PRERNA 1259 MARINA POINT 303 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name PRERNA PATEL Street Address (P.O. Box Number is Not Acceptable) 1945 Mitchellbrook Lane City Casselberry FL 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 <u>Prerna Patel</u> DATE <u>4/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</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 NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, PRERNA 1945 Mitchellbrook Lane 1259 MARINA POINT APT 303 CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President RAJESH PATEL 1945 Mitchellbrook Lane CASSELBERRY FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Prerna Patel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/5/05</u>		Daytime Phone # <u>321-279-1270</u>

66012821



ATTACHMENT

4/16/05

#P04000050300

Who may I contact, 660/2821

I am let you know my
New Address is

1945 mitchellbrook Lane

Casselberry F.L. 32707

home: 407- 388- 9874 cell: 321-279-1270

Any Question Call me

I need copy for my FEI I miss
some place could you send me
my Above Address.

Thank you very much
Ramesh Patel.

ATTACHMENT

P 0408005 0308

Form

8822(Rev. December 2004)
Department of the Treasury
Internal Revenue Service**Change of Address**

▶ Please type or print.

OMB No. 1545-1163

▶ See instructions on back.

▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing AddressCheck ☒ boxes this change affects:1 ☒ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐

66012821

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

PREENA R Patel

3b Your social security number

089 78 9513

4a Spouse's name (first name, initial, and last name)

RAJESH M PATEL

4b Spouse's social security number

079 68 4530

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

1259 Marina Point Casselberry F. L 32707

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

1945 Mitchellbrook Lane Casselberry F. L 32707

Part II Complete This Part To Change Your Business Mailing Address or Business LocationCheck ☒ boxes this change affects:8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)9 ☒ Employee plan returns (Forms 5500, 5500-EZ, etc.)10 ☐ Business location

11a Business name

Ranyami Inc

11b Employer identification number

20 0888269

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

1259 Marina Point Casselberry F. L 32707

Apt # 303

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

1945 Mitchellbrook Lane Casselberry F. L 32707

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

NA

Part III Signature

Daytime telephone number of person to contact (optional) ▶

(321) 279-1270

(H) 407-388-9874

Sign
Here

Purna Patel

Your signature

4/18/05

Date

Purna Patel

If Part II completed, signature of owner, officer, or representative Date

4/18/05

Rajesh Patel

If joint return, spouse's signature

4/18/05

Date

President

Title