

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**

66012821



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
1445 Mitchellbrook Lane
Suite, Apt. #, etc.
Casselberry
City & State
FL
Zip
32707

Country
Seminol

03282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0888269

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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)
1445 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 **Prerna Patel** DATE **4/5/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PATEL, PRERNA 1259 MARINA POINT APT 303 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President RAJESH PATEL 1445 Mitchellbrook Lane Casselberry FL 32707
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Prerna Patel** Date **4/5/05** Daytime Phone # **321-279-1270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

4/16/05

#P04000050300

Who may I contact, 6602821

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 0408005030

Change of Address

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

▶ 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 Address

Check boxes this change affects:

660012821

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

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) PREERNA 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. 1259 Marina Point Casselberry F. L 32707		Apt. no.
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. 1945 Mitchellbrook Lane Casselberry F. L 32707		Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check 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 Ramyami 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. 1259 Marina Point Casselberry F. L 32707		Room or suite no. 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. 1945 Mitchellbrook Lane Casselberry F. L 32707		Room or suite no.	
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. NA		Room or suite no.	

Part III Signature

Daytime telephone number of person to contact (optional) ▶

(321) 279-1270

(H) 407-388-9874

Sign Here	▶ Preema Patel Your signature	14/18/05 Date	▶ Preema Patel If Part II completed, signature of owner, officer, or representative	14/18/05 Date
	▶ Rajesh Patel If joint return, spouse's signature	14/18/05 Date	▶ President Title	