


FILED
Apr 11, 2005 8:00 am
Secretary of State

50036330

DOCUMENT # P04000080516						04-11-2005 90187 021 ***150.00	
1. Entity Name RANA & TITU CORPORATION							
Principal Place of Business 16731 MCGREGOR BLVD., STE. 119 FT. MYERS, FL 33908				Mailing Address 16731 MCGREGOR BLVD., STE. 119 FT. MYERS, FL 33908			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-1153475				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARROW, PAUL L 3501 DEL PRADO BLVD., STE. 312 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D ELAHI, SYED 4904 VINCENNES CT., APT. 105 CAPE CORAL, FL 33904				DPT ELAHI, SYED 4904 VINCENNES CT., APT. 105 CAPE CORAL, FL 33904			
D PARVEEN, EYERIN 4904 VINCENNES CT., APT. 105 CAPE CORAL, FL 33904							
				S LARROW, PAUL L 3501-312 DEL PRADO BLVD CAPE CORAL, FL 33904			
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: Smelahi				04-01-05 239-466-3941			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			