2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

						y OI Sta		
DOCUMENT # P0500053776 1. Entity Name RONI ENTERPRISES CORP.				i	02-23-2006 90001 016 ***150.00			
Principal Place	of Business	Mailing Address			ษับบ	61622		
		6375 W 27 AVE BLDG. #	2		•		•	
6375 W 27 AVE BLDG. #2 Suite #201		SUITE #201						
HIALEAH, FL	33016 US		US		15:1:	<u> </u>		
2. Principal Place of Business		3. Mailing Address P. O. BOX 160958						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006	Chg-P ,	CR2E034 (11/05)		
City & State		City & State HIALEAH, FL		4. FEI Numbe	20=26669	44 	plied For t Applicable	
Zip	Country	Zip 33016	Country	5. Certificate	of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New Reg	pistered Agent		
			Name					
PEREIRA, ROBERTO A								
6375 W 27 AVE BLDG. #2		· Street Address		ss (P.O. Box Numbe	er is Not Acceptable)			
SUITE #20			-					
HIALEAH, FL 33016								
•••			City			FL Zip Code)	
								
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regis	stered agent, or bo	th, in the State of Flori	da. I am familiar with,	and accept	
, the obligati	iona di registered agent.							
SIGNATURE								
0.0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signature requ	uired when reinstating)	<u> </u>	DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS		ADDITIONS	CHANGES TO DEFIC			
TITLE	P	21/1EOTONO	11			ERS AND DIRECTORS	3 IN 11	
NAME	·	□ Dalete	11.	ADDITIONS	0,7,4,020,70 0,110	ERS AND DIRECTORS		
STREET ADDRESS			TITLE	ADDITIONS		ERS AND DIRECTORS Change	Addition	
5		☐ Delete	TITLE NAME	ADDITIONS				
City-St-Zip	6375 W 27 AVE BLDG. #2 SUITE		TITLE NAME STREET ADDRESS	ADDITIONS				
CITY-ST-ZIP		#201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS		Change	☐ Addition	
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #