

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078996

FILED
Apr 20, 2009
Secretary of State

Entity Name: RAMA SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

936 BIRMINGHAM CT SUITE 100
LAKE MARY, FL 32746

New Principal Place of Business:

730 S COLLIER BLVD
SUITE 905
MARCO ISLAND, FL 34245

Current Mailing Address:

730 S COLLIER BLVD
905
MARCO ISLAND, FL 34145

New Mailing Address:

730 S COLLIER BLVD
SUITE 905
MARCO ISLAND, FL 34245

FEI Number: 55-0898313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMA, TONY D
936 BIRMINGHAM CT SUITE 100
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

RAMA, TONY D
730 S COLLIER BLVD
SUITE # 905
MARCO ISLAND, FL 34145 US

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.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RAMA, TONY D
Address: 936 BIRMINGHAM CT SUITE 100
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: RAMA, TONY D
Address: 936 BIRMINGHAM CT SUITE 100
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RAMA, TONY D
Address: 730 S COLLIER BLVD, SUITE 905
City-St-Zip: MARCO ISLAND, FL 34105

Title: V (X) Change () Addition
Name: RAMA, TONY D
Address: 730 S COLLIER BLVD, SUITE 905
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY D RAMA

PSTD

04/20/2009

Electronic Signature of Signing Officer or Director

Date