2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013328

Entity Name: RINA & UMANG , INC.

Name: Address:

City-St-Zip:

FILED Feb 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9825 SAN JOSE BLVD JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 282 N.WICKHAM RD 2269 WEKIVA LN WEST MELBOURNE, FL 32904 MELBOURNE, FL 32935 FEI Number: 71-0995768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PATEL, SMITA R PATEL, SMITA R 282 N.WICKHAM RD 2269 WEKIVA LN WEST MELBOURNE, FL 32904 US MELBOURNE, FL 32935 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: SMITAPATEL 02/18/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PATEL, SMITA R Name: Name: 2269 WEKIVA LN Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: VΡ Title: () Change () Addition Title: () Delete Name: BHALANI, HINA M Name: 3402 PLEASANT LAKE DR Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete SANJIT KR RAJAK, Name: RAJAK, SANJIT K Name: 9825-6 SAN JOSE BLVD 9825-6 SAN JOSE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: SMITARPATEL 02/18/2008

CHAUDHARY, JITENDRA K

TAMPA, FL 33617

13389 ARBOR POINTE CIR, APT#104