

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 25 PM 1:46

DOCUMENT # P92000014686 1. Entity Name RANJ ENTERPRISES, INC.			
Principal Place of Business 8237 NW 88 AVE. FORT LAUDERDALE, FL 33321		Mailing Address 8237 NW 88 AVE. FORT LAUDERDALE, FL 33321	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5463 N W 89 way Suite, Apt. #, etc.	
City & State Zip Country		City & State ORLA SPRINGS Zip Country 33067 BROWARD	
4. FEI Number 65-0380434		☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATEL, RANJ 4161 W COMMERCIAL BLVD TAMARAC, FL 33319		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 qualifications of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when establishing)	
FILE NUMBER BE IS 618000 ADAP NEW - 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete NAME PATEL, RANJITSHINH STREET ADDRESS 4161 W COMMERCIAL BLVD CITY-ST-ZIP TAMARAC, FL 33319 <i>Address SAME</i>	☐ Change ☐ Addition S0002113103 06/25/03--01024--010 ***		
TITLE P ☐ Delete NAME PATEL, MAURKUMAARP STREET ADDRESS 4161 W COMMERCIAL BLVD CITY-ST-ZIP TAMARAC, FL <i>SAME</i>	☐ Change ☐ Addition		
TITLE VP ☐ Delete NAME MITABEN PATEL STREET ADDRESS 80 5463 N W 89 way CITY-ST-ZIP ORLA SPR FL 33067	☐ Change ☐ Addition		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ 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 time empowered.			
SIGNATURE: <i>[Handwritten Signature]</i> Date: 6/10/03 Office Phone #: 954 600 9900			