

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000014251

1. Entity Name  
RAMONA GROVES, INC.



Principal Place of Business  
781 HIDDEN RIVER DR.  
PORT ST. LUCIE, FL 34983

Mailing Address  
781 HIDDEN RIVER DR.  
PORT ST. LUCIE, FL 34983



DO NOT WRITE IN THIS SPACE

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0476144

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGGARWAL, DARSHAN MD  
781 HIDDEN RIVER DR.  
PORT ST. LUCIE, FL 34983

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME AGGARWAL, DARSHAN MD  
STREET ADDRESS 781 HIDDEN RIVER DR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE  
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DO NOT WRITE  
IN THIS SPACE

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:

*Darshan Aggarwal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #