

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092060

Entity Name: RUMS II, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

1605 MAIN ST
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

4703 N TAMIAMI TRAIL
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 65-0542665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN ST
SUITE 1001
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATEL, BINDIYA
Address: 4703 N TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: PATEL, BINDIYA
Address: 4703 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

Title: V () Delete
Name: PATEL, SHANTU
Address: 4703 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: PATEL, SHANTU
Address: 4703 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

Title: C () Delete
Name: PATEL, SHANTU
Address: 4703 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: PATEL, SHANTU
Address: 4703 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHANTU PATEL

V

01/04/2005

Electronic Signature of Signing Officer or Director

Date