
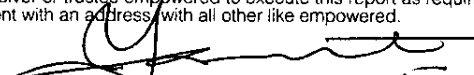


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90986 018 ***150.00

DOCUMENT # P95000088215 1. Entity Name RAVI INCORPORATED OF VALRICO					
Principal Place of Business 3312 LITHIA PINECREST RD VALRICO FL 33594 US			Mailing Address 3312 LITHIA PINE CREST RD VALRICO FL 33594 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3346071 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.				6. Name and Address of Current Registered Agent PATEL, PRATIV 3312 LITHIA PINECREST RD. VALRICO FL 33594	
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 obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	BAKARANIA, REHKA L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3312 LITHIA PINECREST ROAD		NAME	3312 LITHIA PINECREST ROAD	
STREET ADDRESS	VALRICO FL 33594		STREET ADDRESS	VALRICO FL 33594	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	PATEL, PRATIV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3312 LITHIA PINECREST ROAD		NAME	3312 LITHIA PINECREST ROAD	
STREET ADDRESS	VALRICO FL 33594		STREET ADDRESS	VALRICO FL 33594	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	PATEL, JOCELYN K	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3312 LITHIA PINECREST ROAD		NAME	3312 LITHIA PINECREST ROAD	
STREET ADDRESS	VALRICO FL 33594		STREET ADDRESS	VALRICO FL 33594	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			PRATIV PATEL 4-14-04 (813) 654-2323		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		