

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90352 008 ***150.00

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1. Entity Name

ORNAMENTAL FISH DISTRIBUTORS, INC.



Principal Place of Business

3802 NW 32ND AVENUE
MIAMI, FL 33142

Mailing Address

3802 NW 32ND AVENUE
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0634263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMBARRAN, HARRY
1570 S.W. 155 AVENUE
DAVIE, FL 33326-5000

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMBARRAN, HARRY
STREET ADDRESS	1570 S.W. 155 AVENUE
CITY-ST-ZIP	DAVIE, FL 333265000
TITLE	VD
NAME	RAMBARRAN, MICHAEL
STREET ADDRESS	12506 N.W. 18TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	STD
NAME	RAMBARRAN, EDNA D
STREET ADDRESS	1570 S.W. 155 AVENUE
CITY-ST-ZIP	DAVIE, FL 333265000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael Rambaran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-2006 (305) 635-0890

Date

Daytime Phone #