

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000089015

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**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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, 2007 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	

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80090-006 150.00

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 Rambarran* MICHAEL RAMBARRAN - 04-12-07 305-635-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #