


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000063422</b>		
1. Entity Name RATANA, INCORPORATED		
Principal Place of Business C/O AL LEE 2810 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 US	Mailing Address 112 SW 14 AVE POMPAN0 BEACH, FL 33060	
<b>DO NOT WRITE IN THIS SPACE</b>		



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0827501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ARVONIO, EVA M 112 SW 14TH ST. POMPAN0 BEACH, FL 33060
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000142186 04/30/04-80040-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARVONIO, EVA M 112 SW 14 ST POMPAN0 BEACH, FL 33060
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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: Eva M. Arvonio 4/25/04 954-943-5569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #