

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000067755

1. Entity Name
RAMA BUSINESS CONSULTING, INC.



Principal Place of Business
518 N. TAMPA ST
350
TAMPA, FL 33601

Mailing Address
P.O. BOX # 17-2129
TAMPA, FL 33601

DO NOT WRITE IN THIS SPACE

**FILED
Apr 22, 2008 8:00 am
Secretary of State**

04-22-2008 90020 043 ***158.75



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3394684	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME AMARCHAND, MATILDE
STREET ADDRESS 14382 HUNT CLUB LANE
CITY-ST-ZIP SPRING HILL, FL 34609

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 empowerments.

SIGNATURE:

Matilda Amarchand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #