

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 027 ***150.00

DOCUMENT # P98000011943

1. Entity Name

RONAN INVESTMENTS, INC.



Principal Place of Business

8525 S.W. 92ND STREET, SUITE A3
MIAMI FL 33156
US

Mailing Address

8525 S.W. 92ND STREET, SUITE A3
MIAMI FL 33156
US

4000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0812132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRSNER, NANCY DR.
8525 S.W. 92ND STREET, SUITE A3
MIAMI FL 33156

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

Nancy Kirsner

(NOTE: Registered Agent signature required when reappointing)

DATE

1/31/08

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME OFSTEIN, NICOLE S
STREET ADDRESS 6785 NW 74 CT
CITY-ST-ZIP PARKLAND FL 33067 ☒ Delete

TITLE P
NAME KIRSNER, NANCY DR.
STREET ADDRESS 8525 SW 92 STREET #A3
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Kirsner

1/31/08

(305) 2748183