

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 003 ***150.00

DOCUMENT # P98000022346

1. Entity Name

RAMANI, INC.



Principal Place of Business

12612 69TH ST N
WEST PALM BEACH FL 33412

Mailing Address

12612 69TH ST N
WEST PALM BEACH FL 33412

2. Principal Place of Business

18353 42nd Rd N.
Suite, Apt. #, etc.

3. Mailing Address

18353 42nd Rd N.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Loxahatchee FL

City & State

Loxahatchee, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

4. FEI Number

65-0820262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASTOR, ROBERT M
12935 PERSIMMON BLVD.
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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

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, 2005 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 P ☐ Delete
NAME PASTOR, ROBERT
STREET ADDRESS 12612 69TH ST N
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE V ☒ Delete
NAME PASTOR, GERARDO
STREET ADDRESS 12612 69TH ST N
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE T ☐ Delete
NAME VICENTE, MARDOQUEO
STREET ADDRESS 12612 69TH ST N
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE S ☐ Delete
NAME PASTOR, DEBORAH M
STREET ADDRESS 12612 69TH ST N
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PASTOR, Robert ☒ Change ☐ Addition
NAME
STREET ADDRESS 18353 42nd Rd N.
CITY-ST-ZIP Loxahatchee, FL 33470 P.

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

TITLE Vicente, Mardoqueo ☒ Change ☐ Addition
NAME
STREET ADDRESS 18353 42nd Rd N.
CITY-ST-ZIP Loxahatchee, FL 33470 T

TITLE PASTOR DEBORAH ☒ Change ☐ Addition
NAME
STREET ADDRESS 18353 42nd Rd N.
CITY-ST-ZIP Loxahatchee, FL 33470 S/VP

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

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

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: *Deborah Pastor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-05

Date

561-662-8598

Daytime Phone #