

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022346

Entity Name: RAMANI, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

18353 42ND RD N  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

## Current Mailing Address:

18353 42ND RD N  
LOXAHATCHEE, FL 33470

## New Mailing Address:

FEI Number: 65-0820262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PASTOR, ROBERT M  
18353 42ND RD N.  
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: ROBERT PASTOR

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PASTOR, ROBERT  
Address: 18353 42ND RD N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T (X) Delete  
Name: VICENTE, MARDOQUEO  
Address: 18353 42ND RD N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SEC. ( ) Delete  
Name: PASTOR, GERARDO  
Address: 1809 SW WHIPPLE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PASTOR

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date