

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000022346

Entity Name: RAMANI, INC.

**FILED**  
**Apr 12, 2011**  
**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  
18353 42ND RD N.  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: V  
Name: TRILOGY CONSTRUCTION COMPANY INC  
Address: 5707 SOUTH DIXIE HWY SUITE 8  
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby 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 all other like empowered.

SIGNATURE: ROBERT PASTOR

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date