

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90023 041 ***158.75

DOCUMENT # P98000058593

1. Entity Name
GANGAMA ENTERPRISES, INC.



Principal Place of Business
**5605 NW 27TH COURT
LAUDERHILL, FL 33313**

Mailing Address
**5605 NW 27TH COURT
LAUDERHILL, FL 33313**

34038010



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1018549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMRUP, HANSRAM
2834 NW 55 AVE
1B
LAUDERHILL, FL 33313**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMRUP, HANSRAM JR
STREET ADDRESS	2950 NW 55 AVE 1A
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VS
NAME	RAMRUP, HANSRAM SR
STREET ADDRESS	2834 NW 55 AVE 1BA
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	T
NAME	RAMRUP, RAMCHAND
STREET ADDRESS	2834 NW 55 AVE, 1B
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #