

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020018

Entity Name: J BING RAMNATH TRIM, INC.

FILED  
Feb 28, 2009  
Secretary of State

## Current Principal Place of Business:

1005 WALDEN BLVD SE  
PALM BAY, FL 32909

## New Principal Place of Business:

## Current Mailing Address:

1005 WALDEN BLVD SE  
PALM BAY, FL 32909

## New Mailing Address:

FEI Number: 59-3559744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMNATH, JEWAN BING  
1005 WALDEN BLVD SE  
PALM BAY, FL 32909 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAMNATH, JEWAN BING  
Address: 1005 WALDEN BLVD SE  
City-St-Zip: PALM BAY, FL 32909

Title: VS ( ) Delete  
Name: RAMNATH, SHARMINE  
Address: 1005 WALDEN BLVD SE  
City-St-Zip: PALM BAY, FL 32909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHARMINE D. PERSAD-RAMNATH

VS

02/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date