

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63367

Entity Name: RONIKH, INC.

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

C/O 331 COBLE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

6564 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

Current Mailing Address:

C/O 331 COBLE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3140980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, PRABODH C
815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS, FL 32701 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIMBACHIA, ASHOK-KUM, AR
Address: 331 COBLE DR.
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: LIMBACHIA, SHAILOSH
Address: 331 COBLE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: LIMBACHIA, RONAK
Address: 331 COBLE DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LIMBACHIA, SHAILOSH
Address: 2570 DWYER LANE
City-St-Zip: SANFORD, FL 32746

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ASHOK LIMBACHIA

P

07/06/2005

Electronic Signature of Signing Officer or Director

Date