

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 047 ***158.75



DOCUMENT # P04000061262
 1. Entity Name
RANDHAL, INC.

Principal Place of Business Mailing Address
5145 ALAN AVE. **5145 ALAN AVE.**
SAN JOSE CA 95124 **SAN JOSE CA 95124**

2. Principal Place of Business 3. Mailing Address
2496 HWY 231. **P.O. Box 117**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
COTTON DALE, FLORIDA **COTTON DALE, FLORIDA**

Zip Country Zip Country
32431 **JACKSON** **32431** **JACKSON**

4. FEI Number Applied For
80-0104152 Not Applicable

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

6. Name and Address of Current Registered Agent
FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY., STE. 300
TAMPA FL 33637-2087

7. Name and Address of New Registered Agent
 Name **SHASHIKANT MEHTA**
 Street Address (P.O. Box Number is Not Acceptable)
2686 FRONT STREET
 City **COTTON DALE** FL Zip Code **32431**

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 **SHASHIKANT MEHTA** DATE **02.07.05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MEHTA, SHASHIKANT
STREET ADDRESS	5145 ALAN AVE.
CITY-ST-ZIP	SAN JOSE CA 95124
TITLE	D <input type="checkbox"/> Delete
NAME	MEHTA, SANJAY
STREET ADDRESS	5145 ALAN AVE.
CITY-ST-ZIP	SAN JOSE CA 95124
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2686 FRONT STREET, P.O. Box 117
CITY-ST-ZIP	COTTON DALE, FL. 32431
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1591 HYDE DRIVE
CITY-ST-ZIP	LOS GATOS, CA 95032
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INDOO MEHTA
STREET ADDRESS	2686 FRONT STREET, P.O. Box 117
CITY-ST-ZIP	COTTON DALE, FL. 32431
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SHASHIKANT MEHTA** Date **02.07.05** Daytime Phone # **850.352.4122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



1st MOORE CR2E034 (10/04)