


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90075 033 \*\*\*150.00

DOCUMENT # - P97000089110

1. Entity Name  
**RANDEE-SUE KRAMER P.A.**



Principal Place of Business      Mailing Address

**3675 N. COUNTRY CLUB DR**      **3675 N. COUNTRY CLUB DR**  
**APT. 903**      **APT. 903**  
**AVENTURA FL 33180**      **AVENTURA FL 33180**

2. Principal Place of Business      3. Mailing Address


*20505 E. Country Club Dr*      *20505 E. Country Club Dr.*  
 Suite, Apt. #, etc. **#1237**      Suite, Apt. #, etc. **#1237**

City & State      City & State

**Aventura FL**      **Aventura FL**

Zip      Country      Zip      Country

**33180**      **USA**      **33180**      **USA**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**65-0794867**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MANELLA, ROSS H**  
**2500 HOLLYWOOD BLVD., STE. 212**  
**HOLLYWOOD FL 33020**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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**  
 Trust Fund Contribution.       **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KRAMER, RANDEE-SUE 3675 N. COUNTRY CLUB DR. #903 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Randee-Sue Kramer*      **Randee-Sue Kramer**      **4/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #