

DOCUMENT # J57383 1. Entity Name

RANDA ENTERPRISES, INC.

US

FILED Feb 27, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

217 MICANOPY COURT

INDIAN HARBOUR BEACH, FL 32937 US

217 MICANOPY CT

INDAIN HARBOR BEACH, FL 32937



| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|-------------|-------|
|----|-----|-------|----|-------------|-------|

| 02242008 | No Chg-P | CR2E034 (11/05) | |
|------------|----------|-----------------|-------------|
| 4 EELNumbo | , | | Applied For |

5. Certificate of Status Desired

59-2770710

\$8.75 Additional Fee Required

Daytime Phone #

Not Applicable

6. Name and Address of Current Registered Agent

RANDA, KATHLEEN A 217 MICANOPY COURT INDIAN HARB BEACH, FL 32937

changed, or on an attachment with an addless

SIGNATURE;

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 | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees | | | | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | 1 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RANDA, KATHLEEN A 217 MICANOPY CT INDIAN HARB BEACH, FL 32937 | | | , | U000008408 0 8 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 03/07/08-80007-017 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 | | | | | | | | |