

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

ORIGINAL  
FILED

Mar 02, 2006 08:00 AM  
Secretary of State

DOCUMENT # J39454

1. Entity Name  
RENDEL ENTERPRISES, INC.



Principal Place of Business  
1241 ROEBUCK CT  
WEST PALM BEACH, FL 33401 US

Mailing Address  
1241 ROEBUCK CT  
WEST PALM BEACH, FL 33401 US



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2730936

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DELGADO, RENE  
1241 ROEBUCK CT  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PSD  
NAME DELGADO, RENEE  
STREET ADDRESS 8492 EGRET MEADOW LANE  
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE VTD  
NAME DELGADO, JACQUELINE  
STREET ADDRESS 8492 EGRET MEADOW LANE  
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

UN00000454234  
03/14/06-80053-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied in 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb 20 2006*