

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90320 016 ***150.00

DOCUMENT # J57383

1. Entity Name

RANDA ENTERPRISES, INC.



Principal Place of Business

1771 HWY A1A
SATELLITE BEACH FL 32937
US

Mailing Address

217 MICANOPY CT
INDAIN HARBOR BEACH FL 32937
US

54030968



MOORE CR2E034 (11/03)

2. Principal Place of Business

4600 N. E. Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 10

Calm Bay, FL

City & State

Zip

Country

32905

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RANDA, MICHAEL J.
STREET ADDRESS 1771 HIGHWAY A1A 217 MICANOPY CT
CITY-ST-ZIP SATELLITE BEACH FL IHB, FL 32937

TITLE D ☐ Delete
NAME RANDA, KATHLEEN A.
STREET ADDRESS 1771 HIGHWAY A1A 217 MICANOPY CT
CITY-ST-ZIP SATELLITE BEACH FL IHB, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Michael J. Randa MICHAEL J. RANDA DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04 321-923-4949

Date Daytime Phone #