

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J57383**

1. Entity Name  
**RANDA ENTERPRISES, INC.**



Principal Place of Business

**217 MICANOPY COURT  
INDIAN HARBOUR BEACH, FL 32937 US**

Mailing Address

**217 MICANOPY CT  
INDIAN HARBOR BEACH, FL 32937 US**



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2770710**

Applied F.  
Not Applic.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

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

**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

UN00000472397  
03/29/06-80035-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RANDA, MICHAEL J.
STREET ADDRESS	217 MICANOPY CT
CITY-ST-ZIP	INDIAN HARB BEACH, FL 32937
TITLE	D
NAME	RANDA, KATHLEEN A
STREET ADDRESS	217 MICANOPY CT
CITY-ST-ZIP	INDIAN HARB BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mitchell Acosta

3-15-06

321-213-4949