

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
07-08-2005 90026.048 ***150.00
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05 JUL 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel JUL 27 2005



05232005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000068799			
1. Entity Name RANDALL AUTO FINANCE, INC.			
Principal Place of Business 5431 NW 159 STREET HIALEAH, FL 33014		Mailing Address 3111 N.W. 154 TERR. OPA LOCKA, FL 33054	
2. Principal Place of Business 8044 W 21 COURT Suite, Apt. #, etc. 4-C City & State HIALEAH FL Zip 33016 Country USA		3. Mailing Address 3131 N.W. 154 TERRACE Suite, Apt. #, etc. OPALOCKA City & State FL Zip 33054 Country USA	
4. FEI Number 65-1120612		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, INEZ R 3111 N.W. 154 TERR. OPA LOCKA, FL 33054		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COELLO, RANDALL A 3111 N.W. 154 TERR. OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PEREZ, INEZ REGINA 3111 N.W. 154 TERR. OPA LOCKA, FL 33054 <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: 		06/28/2005 786 486 2091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	