


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-05-2006 90187 009 ***150.00

DOCUMENT # P03000105966 1. Entity Name SHEREEN RANDAZZA, PA	
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6285 NW 42ND WAY BOCA RATON, FL 33496	Mailing Address 6285 NW 42ND WAY BOCA RATON, FL 33496
-------------------------------------------------------------------------	-------------------------------------------------------------

66018782



03092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1605114	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	-----------------------------------

6. Name and Address of Current Registered Agent RANDAZZA, SHEREEN 6285 NW 42ND WAY BOCA RATON, FL 33496	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  (NOTE: Registered Agent signature required when reinstating) DATE 4/22/06

**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 NAME STREET ADDRESS CITY - ST - ZIP	D RANDAZZA, SHEREEN 6285 NW 42ND WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE  Date 6/8/06 Daytime Phone # 561-262-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR