


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 006 ***150.00

DOCUMENT # P03000119008					
1. Entity Name THERESA RANDO, P.A.					
Principal Place of Business 5850 CAMINO DEL SOL 206 BOCA RATON FL 33433			Mailing Address 5850 CAMINO DEL SOL 206 BOCA RATON FL 33433		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent VINCENT J. PIAZZA, P.A. 7900 GLADES ROAD 330 BOCA RATON FL 33434			7. Name and Address of New Registered Agent Name Theresa Rando Street Address (P.O. Box Number is Not Acceptable) 5850 Camino del Sol #206 City Boca Raton FL Zip Code 33433		
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 <u>Theresa Rando</u> (NOTE: Registered Agent signature required when reinstating) 1/28/04 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. <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	P, D RANDO, THERESA 5850 CAMINO DEL SOL, APT # 206 BOCA RATON FL 33433	<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: <u>Theresa Rando</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/28/04 561-347-0613 Date Daytime Phone #		



MOORE CR2E034 (11/03)

4. FEI Number
02-0710735
Applied For
Not Applicable

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