

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90055 047 \*\*\*158.75

DOCUMENT # P04000061262

1. Entity Name

RANDHAL, INC.



Principal Place of Business

5145 ALAN AVE.  
SAN JOSE CA 95124

Mailing Address

5145 ALAN AVE.  
SAN JOSE CA 95124

2. Principal Place of Business

2496 HWY 231.

3. Mailing Address

P.O. Box 117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COTTON DALE, FLORIDA

City & State

COTTON DALE, FLORIDA

Zip  
32431

Country  
JACKSON

Zip  
32431

Country  
JACKSON

4. FEI Number

80-0104152

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY., STE. 300  
TAMPA FL 33637-2087

7. Name and Address of New Registered Agent

Name SHASHIKANT MEHTA

Street Address (P.O. Box Number is Not Acceptable)

2686 FRONT STREET

City COTTON DALE

FL

Zip Code  
32431

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

SHASHIKANT MEHTA

02.07.05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 MEHTA, SHASHIKANT  
STREET ADDRESS 5145 ALAN AVE.  
CITY-ST-ZIP SAN JOSE CA 95124

TITLE D ☐ Delete  
NAME MEHTA, SANJAY  
STREET ADDRESS 5145 ALAN AVE.  
CITY-ST-ZIP SAN JOSE CA 95124

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 2686 FRONT STREET, P.O. Box 117  
CITY-ST-ZIP COTTON DALE, FL. 32431

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1591 HYDE DRIVE  
CITY-ST-ZIP LOS GATOS, CA 95032

TITLE ☐ Change ☒ Addition  
NAME D INDOO MEHTA  
STREET ADDRESS 2686 FRONT STREET, P.O. Box 117  
CITY-ST-ZIP COTTON DALE, FL. 32431

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

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

TITLE ☐ Change ☐ Addition  
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:

SHASHIKANT MEHTA

02.07.05

850.352.4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #