

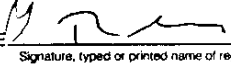



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053178 1. Entity Name RANDY INVESTMENTS CORP						FILED 07 JUL -9 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 513 PONCE DE LEON CORAL GABLES, FL 33134				Mailing Address 513 PONCE DE LEON CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # 8420 SW 92 ST		3. Mailing Address Same					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Miami FL		City & State					
Zip 33156		Country USA		4. FEI Number 20-2667724		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07062007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent DIAZ, RANDY 513 PONCE DE LEON CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name RANDY DIAZ Street Address (P.O. Box Number is Not Acceptable) 8420 SW 92 ST City Miami FL Zip Code 33156			
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME DIAZ, RANDY <input type="checkbox"/> Delete STREET ADDRESS 513 PONCE DE LEON CITY-ST-ZIP CORAL GABLES, FL 33134				TITLE change Address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 8420 SW 92 ST STREET ADDRESS Miami, FL 33156 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400106644944 STREET ADDRESS 07/24/07--01055--021 **150.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	