


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P97000010145 1. Entity Name RND 92, INC. |  |
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| Principal Place of Business 4700 N.W. 132ND STREET MIAMI, FL 33054 | Mailing Address 4700 N.W. 132ND STREET MIAMI, FL 33054 |
|--|--|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LERMAN, CARLOS D ESQUIRE
100 SE 2ND STREET
SUITE 2620
MIAMI, FL 33131

**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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000429055 02/21/06-80074-001 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHITEBOOK, DANIEL S 4700 N.W. 132ND STREET MIAMI, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KLODA, RUBEN 4700 NW 132ND STREET MIAMI, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOTTLIEB, NEIL 4700 NW 132ND STREET MIAMI, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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|--|--------------------|-----------------------|
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>2/2/06</u> | Daytime Phone # _____ |
|--|--------------------|-----------------------|