

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-06-2004 90011 022 ***150.00

DOCUMENT # P97000037568

1. Entity Name
RANDI SUNSET J, INC.



Principal Place of Business
**3 WESTMOUNT SQ., #814, WESTMOUNT
QUEBEC, CANADA H3Z 2S5, OC**

Mailing Address
**3 WESTMOUNT SQ., #814, WESTMOUNT
QUEBEC, CANADA H3Z 2S5, OC**

2. Principal Place of Business
3 WESTMOUNT SQUARE
Suite, Apt. #, etc.
814

3. Mailing Address
3 WESTMOUNT SQUARE
Suite, Apt. #, etc.
814

City & State
WESTMOUNT QUEBEC

City & State
WESTMOUNT SQUARE

Zip Country

01282004 Chg-P CR2E034 (10/03)

4. FEI Number
98-0170996

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARRY A. ROTHENBERG, P.A.
900 N. FEDERAL HWY., STE. 460
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ZEMEL, RANDI 3 WESTMOUNT SQ., #814, WESTMOUNT QUEBEC, CANADA H3Z 2S5,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGAL, ALEX 3 WESTMOUNT SQUARE #814 WESTMOUNT, CANADA H3Z 2S5,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Randi Zemel* **ZEMEL RANDI** *P/O* *FEB 3/2004* *514-933-1152*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #