

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084168

1. Entry Name
R.N.D.C. 24, INC.



Principal Place of Business

**4700 NW 132ND ST
MIAMI, FL 33054**

Mailing Address

**4700 NW 132ND ST
MIAMI, FL 33054**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0869041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
100 SE 2ND ST, STE 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.

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	PD
NAME	KLODA, RUBEN
STREET ADDRESS	4700 NW 132ND ST
CITY - ST - ZIP	MIAMI, FL 33054
TITLE	SDT
NAME	WHITEBOOK, DANIEL S
STREET ADDRESS	4700 NW 132ND ST
CITY - ST - ZIP	OPA LOCKA, FL 33054
TITLE	VD
NAME	GOTTLIEB, NEIL
STREET ADDRESS	4700 NW 132ND ST
CITY - ST - ZIP	OPA LOCKA, FL 33054
TITLE	VD
NAME	LERMAN, CARLOS
STREET ADDRESS	4700 NW 132ND ST
CITY - ST - ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/04/04-80085-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04

305-685-7617