2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2006 8:00 am Secretary of State

DOCUMENT # P99000018546 1. Entity Name RANDPORT INC.						05-09-2006 90092 033 ***150.00			
Principal Plac	e of Business	Mailing Address					. i`		
- 23173 BENT		900 ATLANTIC BLVD.							
-BOCA RATON	l, Ft. 3343 3	SUITE 17 Pompano Beach, FL 3	ววกรก						
		PUNIFANO DEACH, FE	33000						
2. Principal Place of Business 3. Mailing Address 3400 POWERLINE RI									
Suite, Apt. #, etc. Suite, Apt. #, etc.						02282006	Chg-P	CR2E034 (11/05	i)
RT LAUDERDALE City & State					4. FEI Numbe 65-090			Applied For Not Applicable	
333°C	G Country	Zip	Count	ry			of Status Desired	S8.75 A	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
								<u> </u>	
SCHNEIDER, RANDY 23173 BENTLEY PL BOCA RATON, FL-33433				Street Address (P.O. Box Number is Not Acceptable)					
BOOKIN	1014, 1 2-00400								
				City	, A	12.2.4	NA 2	FL Zings	de e
9 The above	named entity submits this statement for	the ournose of changing its	ranistara			UD B.C.		<u> </u>	b and accept
	ions of registered agent.	the perpose of changing its	ogiatore	011100 01	register	oo agaal, or co	ii, ai the clate of the	nos. Tam amila wa	n, and accept
SIGNATURE_									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signatu	re required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig		cing 🔲	\$5 .	00 May Be ed to Fees			
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11
TITLE	PSTD	☐ Delete	TITLE					Change	Addition
NAME	SCHNEIDER, RANDY		NAME		٥-	.	7		i
STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL-33433			ST-ZIP	(C)	XOE (4700 F	- 33429-	1667
TITLE	BOOK FOR THE BOYSO	☐ Delete	TITLE				2000, 00	Change	Addition
NAME		i Delete	NAME					Д Gridinge	
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						_
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	THILE	J				☐ Change	Addition
NAME STREET ADORESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<u> </u>			ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that m	iy signat as requir	ure shall ha ed by Cha	ive the s oter 607	same legal effec , Florida Statute	t as if made under o s; and that my name	ath; that I am an office appears in Block 10	er or director I
SIGNAT	// ,	1 . 10	0		. .		4-20	7)6	}