

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S00143

1. Entity Name
RANDYCERAMIC LAB INC.



Principal Place of Business
**8550 W. FLAGLER ST.
 STE. 112
 MIAMI, FL 33144 US**

Mailing Address
**8550 W. FLAGLER ST.
 STE. 112
 MIAMI, FL 33144 US**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0219328 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LORENZO, LEANDRO
 8550 W FLAGLER ST.
 #112
 MIAMI, FL 33144**

**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, 2006 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
**PD
 LORENZO, LEANDRO
 1554 W 5TH AVE
 HIALEAH, FL**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
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 CITY - ST - ZIP

000000556254
 05/17/06-80002-014 150.00

**DO NOT WRITE
 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 lists empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/27/06

305-229-0217

Date

Daytime Phone #