2006 FOR PROFIT CORPORATION FILED May 01, 2006 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # S00143** 1. Entity Name RANDYCERAMIC LAB INC. Principal Place of Business Mailing Address 8550 W. FLAGLER ST. 8550 W. FLAGLER ST. STE. 112 STE. 112 MIAMI, FL 33144 US MIAMI, FL 33144 No Chg-P 04272006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0219328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORENZO, LEANDRO DO NOT WRITE 8550 W FLAGLER ST. #112 IN THIS SPACE MIAMI, FL 33144 3. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS TITLE LORENZO, LEANDRO NAME STREET ADDRESS 1554 W 5TH AVE CITY-ST-ZIP HIALEAH, FL

U00000556254 05/17/06-80002-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this tiling 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.

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

30-229-021

Daytime Prione #