

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V35558**

1. Entity Name  
**RANDVEST SOUTH INC.**



Principal Place of Business  
**2755 E. OAKLAND PARK BLVD.  
SUITE 304  
FORT LAUDERDALE, FL 33306 US**

Mailing Address  
**2755 E. OAKLAND PARK BLVD.  
SUITE 304  
FORT LAUDERDALE, FL 33306 US**



**DO NOT WRITE IN THIS SPACE**

01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0332262**

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

**6. Name and Address of Current Registered Agent**

**RUMIN, EDWARD R  
2755 E. OAKLAND PARK BLVD.  
SUITE 304  
FT. LAUDERDALE, FL 33306**

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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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
SEMKIW, DENNIS  
4110 MOLLY AVENUE  
MISSISSAUGA ONTARIO L4Z 1E2,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BALDESARRA, FRANK  
1170 DERRY RD. WEST  
MISSISSAUGA ONTARIO L5W 1A1,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BALDESARRA, RON  
7887 CHURCHVILLE ROAD  
BRAMPTON ONTARIO L6V 3N2,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

**JAN 31, 2005 905-625 7700**