

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0332262

Applied For
Not Applicable

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**

**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 reinstalling)

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 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	

U00000530083
05/05/06-80102-011 150.00

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 19, 2006

905-625-7700

Date

Daytime Phone #