

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000646

**Entity Name:** OSCAR RENDA CONTRACTING, INC.

**Current Principal Place of Business:**

1100 KUBOTA DR.  
GRAPEVINE, TX 76051

**Current Mailing Address:**

1100 KUBOTA DR.  
GRAPEVINE, TX 76051 US

**FEI Number:** 75-1472142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            RENDA, FRANKIE S.  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            VP  
Name            RENDA, RUDOLPH V.  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            VP  
Name            WINN, WALTER TIMOTHY  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            DIRECTOR  
Name            RENDA, FRANKIE S.  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            DIRECTOR  
Name            RENDA, RUDOLPH V.  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            DIRECTOR  
Name            WINN, WALTER TIMOTHY  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            TREASURER/CFO  
Name            GALLARDA, CODY JAMES  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

Title            SECRETARY  
Name            GALLARDA, CODY JAMES  
Address        1100 KUBOTA DR.  
City-State-Zip: GRAPEVINE TX 76051

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CODY JAMES GALLARDA

**TREASURER/CFO**

**04/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date