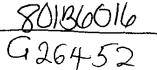
2003 FOR PROFIT CORPORATION

			FIT COP				FILE Aug 08, 200 Secretary) am	0035887
DOCUMENT # G26452 (₹
1. Entity Nam							08-08-2003 90092	044 ***150.0	00	<
THE R. &	D. GHO	UP, INC.		V						
Principal Place of Business 5153 NW 49TH AVE COCONUT CREEK FL 33073			5153 NW 497	Mailing Address 5153 NW 49TH AVE COCONUT CREEK FL 33073						
2. Principal P	Place of Busir	ness	3. Mailing Ad	dress			!	1 0 3 0 Q 1 3 0	IEII BIBII IBBI	
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е		City & State	;	· · · · · · · · · · · · · · · · · · ·	4.	FEI Number 59-2272268	<u> </u>	plied For at Applicable	}
Zip Country		Zip	0	Country		. Certificate of Status Desired	\$8.75 Add	litional		
	6. Name	and Address of Cur	rent Registered Age	nt	Name	7.	Name and Address of New Registere	d Agent]
BROGAN,		DRIVE UNIT 6A			Name Street Addre	ess (P.O.	Box Number is Not Acceptable)			
	JDERDALE					•				1
· **		27	,		City			Zip Code	e	
8. The above the obligat	named entity	y submits this stateme ered agent.	ent for the purpose of o	changing its regi	stered office or reg	istered a	agent, or both, in the State of Florida. I a	<u> </u>	and accept	1
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applicable.	(NOTE: Regi	istered Agent signature rec	quired wher	reinstating) DAT	<u> </u>		
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$ Florida Departmen	750.00				Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.			AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	1
TITLE	PD			Delete	TITLE			☐ Change	Addition	(4/03)
NAME STREET ADDRESS CITY-ST-ZIP	5153 NW	obert e. 49th ave Creek fl			NAME STREET ADDRESS CITY-ST-ZIP					CR2E034 (4
TITLE NAME STREET ADDRESS	VD BACON, G 5153 NW	ABRIELLA 40TH AVE		Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	5
CITY_SI_ZIP		CREEK FL			.CITYSTZIP			-		
TITLE NAME STREET ADDRESS CHTV ST. 710					TITLE NAME STREET ADDRESS CUTY, ST. 700			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	<u>-</u>	- <u>-</u>		Delete	CITY-ST-ZIP TITLE NAME	•	-, -, -, -, -, -, -, -, -, -, -, -, -, -	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP]
TITLE NAME - STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicatéd	on this repor	t or supplemental rep	ort is true and accurat	e and that my sic	onature shall have t	the same	n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; tha rida Statutes; and that my name appear	Lam an officer	or director	

SIGNATURE:

SIGN Palarell

Affachment





Florida Department of State Division of Corporations Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

August.6, 2003

Dear Sirs,

I recently received notification of my 2003 Uniform Business Report. It states to file by September 10,2003 and the filing fee is \$550.00. I never received the first notification of this report. Therefore, I am enclosing a check for the original \$150. Please waive the \$400 late fee.

I tried to call your office and straighten this out, but after 15 minutes of listening to recorded messages, calling another number, inputting my credit card number, and finally speaking to someone, I realized that the only way to get through to your office is via mail.

So please contact me at (954) 426-9090 should there be any problems in filing this report and waiving the fee.

Sincerely,

Gabriella Bacon