## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000023950

Entity Name: R & D ADVISORS, INC.

FILED Jan 22, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

800 DOUGLAS RD 800 DOUGLAS RD **UNIT 225 SUITE #225** MIAMI, FL 33134 MIAMI, FL 33134

**Current Mailing Address: New Mailing Address:** 

800 DOUGLAS RD 800 DOUGLAS RD **UNIT 225 SUITE # 225** MIAMI, FL 33134 MIAMI, FL 33134

FEI Number: 65-0996185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DESENS, RALPH E DESENS, RALPH E 6901 MINDELLO ST 800 DOUGLAS ROAD CORAL GABLES, FL 33146 SUITE # 225 CORAL GABLES, FL 33134

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: 01/22/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

DPT

( ) Delete Title: (X) Change ( ) Addition

Title: DESENS, RALPH E DESENS, RALPH E Name: Name: 6901 MINDELLO ST 800 DOUGLAS ROAD, SUITE # 225 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33134

( ) Delete Title: DVPS Title: **DVPS** (X) Change ( ) Addition ALVAREZ-DESENS, EUGENIA Name: ALVAREZ-DESENS, EUGENIA Name:

6901 MINDELLO ST Address: 800 DOUGLAS ROAD, SUITE # 225 Address: CORAL GABLES, FL 33146 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RALPH E. DESENS **DPT** 01/22/2004