

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90061 029 \*\*\*150.00

**DOCUMENT # P02000084314**

1. Entity Name  
RDP GROUP, CORP.



Principal Place of Business

7901 KINGS PT PKWY  
12  
ORLANDO, FL 32819

Mailing Address

7901 KINGS PT PKWY  
12  
ORLANDO, FL 32819

40053446



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

3300 SMOKE SIGNAL CIR

Suite, Apt. #, etc.

04062007 Chg-P CR2E034 (12/06)

City & State

KISSIMMEE FL

4. FEI Number  
56-2288061

Applied For  
Not Applicable

Zip

Country

Zip

34746

Country

USA

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

6. Name and Address of Current Registered Agent

ALVES, SUELI GOMES MARTINS  
7901 KINGS PT PKWY 12  
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALVES, SUELI GOMES M  
STREET ADDRESS 3300 SMOKE SIGNAL CIR.  
CITY-ST-ZIP KISSIMMEE, FL 34746 ☐ Delete

TITLE S  
NAME ALVES, OLIVEIRA  
STREET ADDRESS 3300 SMOKE SIGNAL CIR.  
CITY-ST-ZIP KISSIMMEE, FL 347464636 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Sue S. Gomes Martins Alves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/07

Date

Daytime Phone #