
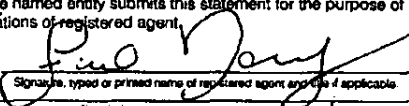
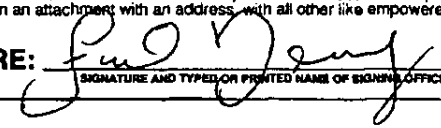


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2004 8:00 am
Secretary of State

03-08-2004 90051 017 ***100.00
 04-05-2004 90074 043 ****50.00

DOCUMENT # P03000019303			
1. Entity Name DREDA SERVICES CORPORATION			
Principal Place of Business 6039 COLLINS AVE UNIT 1015 MIAMI BEACH, FL 33140		Mailing Address 6039 COLLINS AVE UNIT 1015 MIAMI BEACH, FL 33140	
2. Principal Place of Business 15882 SW 51 ST.		3. Mailing Address 15882 SW 51 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR FL		City & State MIRAMAR FL	
Zip 33027	Country USA	Zip 33027	Country USA
6. Name and Address of Current Registered Agent DE MORAES, FABIO 6039 COLLINS AVE UNIT 1015 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name DE MORAES, FABIO Street Address (P.O. Box Number is Not Acceptable) 15882 SW 51 ST City MIRAMA FL Zip Code 33027	
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:  DATE: 3/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MORAES, FABIO 6039 COLLINS AVE UNIT 1015 MIAMI BEACH; FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15882 SW 51 ST MIRAMAR FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 3/4/04 954-441-1360 <small>Designation: People #</small>	