

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000006433	
1. Entity Name 3RDI, INC.	

Principal Place of Business 4969 SOUTHWEST 74TH COURT MIAMI, FL 33155	Mailing Address 4969 SOUTHWEST 74TH COURT MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

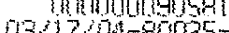
6. Name and Address of Current Registered Agent ADER, ROBERT 100 SE 2ND STREET #3550 MIAMI, FL 33131

	
01122004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0437512	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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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 resigning)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	 03/17/04-80025-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURM, KURT 4969 SOUTHWEST 74TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURM, AVN 4969 SOUTHWEST 74TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILAM, WILLIAM 14135 LANGLEY PLACE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  A. STURM	Date 3/15/04	Daytime Phone 305-666-4055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		