03/19/2004 18:37 46632383 LLORENTE C

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May 07, 2004 8:00 am
Secretary of State
04-26-2004 90494 007 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104931

1. Entity Name
REDING, INC. [redacted]

66420003

Principal Place of Business 780 NORTHWEST LEJEUNE ROAD STE 516 MIAMI, FL 33126	Mailing Address 780 NORTHWEST LEJEUNE ROAD STE 516 MIAMI, FL 33126

03242004 Chg-P C[illegible]0/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
11-3654953
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ [illegible]75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
780 NW LE JEUNE RD.
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Aurelio A. Pie[illegible]
Street Address (P.O. Box Number is Not Acceptable): 780 NW 42 Av[illegible]
# 516
City: Miami
Zip Code: 33126

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: Aurelio A Piedra 3/[illegible]/04

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LLORENTE, CARLOS 780 NORTHWEST LEJEUNE ROAD STE 516 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LLORENTE, EDGARDO 780 NORTHWEST LEJEUNE ROAD STE 516 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: X 3/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #