2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

1. Entity Name	ENT # G13087 RDWARE, INC.					02-23-200-	+ 90036 C	0113	50.00	
Principal Place of Business % ALAN BARO 7248 N.W. 25TH ST. MIAMI, FL 33122		Mailing Address % ALAN BARO 7248 N.W. 25TH ST. MIAMI, FL 33122					! B?#!! B!#!! \$!#!!			
2. Principal Place of	of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182004	Chg-P	CR2E03	14 (10/03)		
City & State		City & State			4. FEI Number 59-2241755		Applied For Not Applicable			
Zip	Country	Zip	Country			of Status Desired		8.75 Add	itional -	
6.	Name and Address of Current	Registered Agent	A1		7. Name and	Address of New F		'	-	
BARO, ALAN			Name		*					
7248 N.W. 25T MIAMI, FL 331			Street Addres			(P.O. Box Number is Not Acceptable)				
, •••	· 									
			City				FL	Zip Code		
The above name the obligations of	ed entity submits this statement for of registered agent.	or the purpose of changing its	registered office or re	egistered	d agent, or bo	th, in the State of Fl	orida. I am fa	amiliar with,	and accept	
SIGNATURE	· · ·				-		•		•	
	ure, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	required wh	hen reinstating)		DATE			
FILE NO After May 1	OWIII FEE IS \$150.00 , 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contri			O May Be I to Fees	· - ·				
TITLE PD	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND			
NAME BAI	RO, ALAN	Li Delete	NAME					☐ Change	Addition	
,	I8 N.W. 25TH ST. AMI, FL		STREET ADDRESS CITY-ST-ZIP							
TITLE S NAME LOV	VELL, RUTH	☐ Delete	TITLE NAME		(Change	☐ Addition	
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TITLE - T	AMI, FL 33122	□ p.t	CITY-ST-ZIP					C) Chause	C Addition	
	RO, TERRY	— Delete –	NAME	- •	\$ - 1			:::Change	Addition -	
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CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
TITLE NAME .		☐ Delete	TITLE	•	1 N 1			☐ Change	☐ Addition	
STREET ADDRESS		•	NAME STREET ADDRÉSS		•	,				
of the corporation changed, or or	that the information supplied with its report or supplemental report is non or the receiver or trustee emporan an attachment with an address,	owered to execute this report a	as required by Chapt	d in Sect e the sa er 607, I	tion 119.07(3)(me legal effec Florida Statute	i), Florida Statutes. It as if made under es; and that my nam	I further certi oath; that I ar e appears in	fy that the in m an officer Block 10 or	formation or director Block 11 if	
SIGNATUR	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR		2 -	18-04 Date	Па	ytime Phone #		