2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # J88776** 1. Entity Name 04-29-2004 90243 025 ***158.75 RAIDER CORPORATION Principal Place of Business Mailing Address 4970 S.W. 52ND ST. #307 FT. LAUDERDALE FL 33314 4970 S.W. 52ND ST. #307 FT. LAUDERDALE FL 33314 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0003330 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEYER, TOBY R Street Address (P.O. Box Number is Not Acceptable) 4970 S.W. 52ND ST. #307 FT. LAUDERDALE FL 33314 Zip Code Fl 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD ☐ Delete TITLE ☐ Change ☐ Addition GEYER, TOBY NAME NAME 4970 S.W. 52ND ST. #307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33314 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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LAOI GEYER IGNATURE AND TIPED OR PRINTED NAME OF SIGN

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changed, or on an attachment with an address, y

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