## 2004 FOR PROFIT CORPORATION

## **FILED** May 03, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L03852 1. Entity Name 05-03-2004 90740 028 \*\*\*158.75 REU-DOM INVESTMENTS & HOLDINGS INC. Mailing Address Principal Place of Business 12 6 10 to 2 1 3 3750 NE 4 AVENUE OAKLAND PARK FL 33334-2243 PO BOX 39588 FT LAUDERDALE FL 33339-9588 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0400058 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired XX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **REU-DOM & ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) 3233 NE 34TH ST FT LAUDERDALE FL FE 33308 City Zip Code 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. (NOTE: Registered Agent signature required when reinstation) 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition SHARE, REUBIN NAME NAME 3233 N.E. 34TH STREET, #406 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE SHARE, DOMINIQUE NAME NAME STREET ADDRESS 3233 N.E. 34TH STREET #406 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP TITLE ٧D Delete TITLE Change Addition NAME TETREAULT, PETER NAME STREET ADDRESS STREET ADDRESS 160 FAIRHAVEN CITY-ST-ZIF HUDSON, QUEBEC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIÊE ☐ Change Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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 as of the corporation or the receiver or trystee empowered to exchanged, or on an attachment with an address, with all other RELIETA SHARB PRES accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this teport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

(954) 564-2337

Daytime Phone #