

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03852

FILED
Apr 29, 2009
Secretary of State

Entity Name: REU-DOM INVESTMENTS & HOLDINGS INC.

Current Principal Place of Business:

1100 NW 53RD ST.
SUITE #6
FORT LAUDERDALE, FL 333093169 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 39588
FT LAUDERDALE, FL 333399588 US

New Mailing Address:

P.O. BOX #39588
FT LAUDERDALE, FL 333399588 US

FEI Number: 65-0400058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REU-DOM & ASSOCIATES
1100 NW 53RD STREET
SUITE#6
FORT LAUDERDALE, FL 333093169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SHARE, REUBIN
Address: 3233 N.E. 34TH STREET #406
City-St-Zip: FT. LAUDERDALE, FL

Title: VS () Delete
Name: SHARE, DOMINIQUE
Address: 3233 N.E. 34TH STREET #406
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REUBIN SHARE

CP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date