


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90056 018 \*\*\*150.00

<b>DOCUMENT #</b> L04000012397	
<b>1. Entity Name</b>  Raed Enterprises, LLC.	

**DO NOT WRITE IN THIS SPACE**

40050633

<b>2. Principal Place of Business</b> 1730 Main St		<b>3. Mailing Address</b> 1730 Main St	
Suite, Apt. #, etc. Suite 216		Suite, Apt. #, etc. Suite 216	
<b>City &amp; State</b> Weston, FL		<b>City &amp; State</b> Weston, FL	
<b>Zip</b> 33326	<b>Country</b> Broward	<b>Zip</b> 33326	<b>Country</b> Broward

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-1003871		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Jeffrey E Campion, P.A.			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
1730 Main St Suite 216			
<b>City</b> Weston,	<b>FL</b>	<b>Zip Code</b> 33326	

**DO NOT WRITE  
IN THIS SPACE**

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**  **DATE** 03/09/2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Lossada Rodriguez, Rafael Jose / MGR 1730 Main St Suite 216 Weston, FL 33326	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DATE** 03/09/2005 **786-319-7810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

CR2E034B (12/02)