2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0000008463 1. Entity Name RDFL, INC.				Feb 19, 2005 08:00 AM Secretary of State
Principal Plac	ce of Business =	Mailing Address		—
3910 INVERRARY BLVD. B-601 LAUDERHILL FL 33319 3910 INVERRARY BLVD. B-601 LAUDERHILL FL 33319 LAUDERHILL FL 33319]]
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & Sta	te	City & State		4. FEI Number 59-3621615 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Security Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
DOWNEY, REGINALD 3910 INVERRARY BLVD. UNIT B-601			Street Addres	ss (P.O. Box Number is Not Acceptable)
LAUDERHILL FL 33319				
			City	FL 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.				
SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating). DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND I		111,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITTLE NAME STREET ADDRESS	PVST DOWNEY, REGINALD 3910 INVERRARY BLVD., UNIT B-6	☐ Delete .	TITLE - NAME - JIREET ADDRESS	U00000235679 □ Change □ Addition 02/19/05-80015-005 150.08
CITY-ST-ZIP	LAUDERHILL FL 33319		CHY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, REGINALD 3910 INVERRARY BLVD., UNIT B-E LAUDERHILL FL 33319	Delete	TITLE NAME STREET ADDRESS LITY-ST-ZIF	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TOTALE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY- ST-ZIP	T = "" ' '	• Delete	TITLE NAME SIRFET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS GITY ST-ZIP		Delete	NAME NAME STREET ADDRESS CITY: ST: ZIP	☐ Change ☐ Addition

12. I hereby 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rea