


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000011039 1. Entity Name REDA GROUP, INC.	
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Principal Place of Business 9377 ALTERNATE A1A LAKE PARK, FL 33403	Mailing Address 9377 ALTERNATE A1A LAKE PARK, FL 33403
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01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0978242	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NICHOLS, L. WESLEY ESQ. 11380 PROSPERITY FARMS RD., SUITE 204 PALM BCH GARDENS, FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SHANTI, MAMDOH 9377 ALTERNATE A1A LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHANTI, MAMDOH 9377 ALTERNATE A1A LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAKKAK, WASSIN 9377 ALTERNATE A1A LAKE PARK, FL 33403
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000284619 04/02/05-80012-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X DAKKAK, Wassim 3/31/05 (561)8415490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #