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

DOCUMENT # P000000 3666/ 1. Entity Name
READ ENTERPRISES, INC



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90277 026 ***150.00

DO NOT WRITE IN THIS SPACE									11013884			
2. Principal Place 4138 Suite, Apt. #,	THIRD	THIRD ST		3. Mailing Address 4138 South Suite, Apt. #, etc.		THIRD ST		DO NOT WRITE IN THIS SPACE				
City & State VACK SUN VILLE		BEACH FL		City & State JACKSON VILE		BEACH FR			FA 2/270/64		Applied For Not Applicable	
^{Zip} 32250		Country U.S.A			Zip 32250		Country		ertificate of Status Desired		3.75 Additional e Required	
								7. Nam	e and Address of Current Registe	ered Agent		
						Nam	e MAK	SHA.	A FREAD JR			
DO NOT WRITE							Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE							669" (An) 71" 45HES, CIRC-					
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		and a property of the second				City	PONT	E.l	VEDRA-BEAGA F	Zip.	Code 32.08.2	
8. The above no	amed entity	submits this state	ment for	the purpose	of changing its	registered offic			it, or both, in the State of Florida. I a	m familiar w	/ith, and accept	
the obligations of registered agent.												
	M	orshart >	-last	// i	I₽					4/10	102	
SIGNATURE	nature, typed o	r printed name of register	ed agen) ar	d title if applical	ble. (NOTI	: Registered Agent s	gnature required	when reins	tating) DAT	E		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State									9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
10.		4 ,OFFICER	S AND D	DIRECTORS				ng a vind		<u>(</u>	e Ase Section W	
NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENTE BORDT 669 S PONTE	my A Re	ad IES C BEACH		32082	TITLE NAME STREET ADORE CHY ST-ZIP	SSS .					
NAME STREET ADDRESS CITY-ST-ZIP	V.P. MAKSI GONTE	TALL F REPARTS	IES BEAG	CIR	<i>3208</i> Z	TITLE NAME STREET ADORE CITY: ST-ZIP						
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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)(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:

GNING OFFICER OR DIRECTOR