


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90027 026 ***150.00

DOCUMENT # P0000082640			
1. Entity Name RD & COMPANY, INC.			
Principal Place of Business 5430 LYONS ROAD #209 COCONUT CREEK FL 33073		Mailing Address P.O. BOX 470 COCONUT CREEK FL 33097 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. P.O. BOX 970470	
City & State		City & State COCONUT CREEK, FL	
Zip	Country	Zip	Country
33097	US	33097	US

04006225



MOORE CR2E034 (11/03)

4. FEI Number 65-1038775		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name DELISA, DAVID 5430 LYONS ROAD #209 COCONUT CREEK FL 33073		Name Gary Feder	
Street Address 5430 LYONS ROAD #209 COCONUT CREEK FL 33073		Street Address (P.O. Box Number is Not Acceptable) 11975 Heron Bay Blvd., 315	
City COCONUT CREEK, FL		City Coral Springs FL	
Zip 33073		Zip Code 33076	

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  G. Feder DATE 2/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME DELISA, DAVID	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GARY FEDER
STREET ADDRESS 5430 LYONS ROAD #209	CITY-ST-ZIP COCONUT CREEK FL 33073	STREET ADDRESS 27 ROYAL PALM WAY, UNIT 203	CITY-ST-ZIP BOLA RATON, FL 33432
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  - DAVE DELISA DATE 2-6-04 954-415-5714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #