

**2004 FOR PRO... CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90331 050 ***150.00

DOCUMENT # P01000065721

1. Entity Name
CDR HOLDINGS, INC.



Principal Place of Business
**5570 BEE RIDGE ROAD SUITE C-2
SARASOTA, FL 34233**

Mailing Address
**5570 BEE RIDGE ROAD SUITE C-2
SARASOTA, FL 34233**

14014001



DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1117769

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M
720 SOUTH ORAGNE AVENUE
SARASOTA, FL 34236**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PT
GIANNINI, ALESSANDRO A
411 VANDERKLOOT DRIVE
OSPREY, FL 34229**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
STRICKLAND, GEORGE N
324 BAYSHORE DRIVE
OSPREY, FL 34229**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alessandro A. Giannini 4/27/04