


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90701 019 ***150.00

DOCUMENT # P01000103272 1. Entity Name RD PROPERTY HOLDINGS COMPANY					
Principal Place of Business 1000 BRICKELL AVE ST 900 MIAMI, FL 33131			Mailing Address 1000 BRICKELL AVE ST 900 MIAMI, FL 33131		
2. Principal Place of Business 591 S.W. 8 Street		3. Mailing Address 4206 Laguna Street			
Suite, Apt. #, etc. 1st floor		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Coral Gables, FL		4. FEI Number 65-1158335	
Zip 33130		Zip 33146		Country	
6. Name and Address of Current Registered Agent RICARDO BAJANDAS, PA 1000 BRICKELL AVE ST 900 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Enrique Viciano Street Address (P.O. Box Number is Not Acceptable) 4206 Laguna Street City Coral Gables FL Zip Code 33146	
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 <i>Enrique Viciano</i> DATE 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MENENDEZ, RUTH E 1000 BRICKELL AVE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enrique Viciano 4206 Laguna Street Coral Gables, FL 33146
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAJANDAS, RICARDO 1000 BRICKELL AVE STE 900 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Enrique Viciano</i> DATE 4/29/04 (305) 446-0969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					