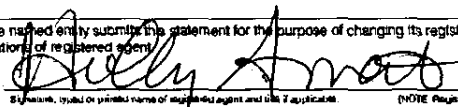


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080961		
1. Entity Name RDA MANAGEMENT, INC.		
Principal Place of Business 3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436		Mailing Address 3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436
2. Principal Place of Business 12380 Sunnydale Dr. Suite, Apt. #, etc.	3. Mailing Address 12380 Sunnydale Dr. Suite, Apt. #, etc.	
City & State Wellington, Fl.	City & State Wellington, Fl.	
Zip 33414	Zip 33414	
4. FEI Number 01-0732136		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AMATO, DANIEL 3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code:
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 obligation of registered agent. SIGNATURE:  DATE: 4-1-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)		
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		
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 supplementally filed 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 person or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on any attachment with an address, with all other like empowered.		
SIGNATURE:  DATE: 4-1-03 561-315-7041 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CPREC034 (10/02)