FILED Apr 28, 2003 8:00 am

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

DOCUMENT # P02000100468 1. Entity Name RDS INVESTMENTS INC.					Secretary of State 04-28-2003 90475 005 ***150.00	
Principal Place of Business 2802 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311		Mailing Address 2802 W. OAKLAND PARK 8 FT. LAUDERDALE FL 33311				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number Applied For 54-2104026 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent SCHRANK, JOEY W 2802 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311				Name 27. Name and Address of New Registered Agent Name REMEDIOS D. SCHEANK Street Address (P.O. Box Number is Not Acceptable) 2802 W. OAK LAND PARK BIVD.		
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 Remoder 1. Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHRANK, JOEY W 2802 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311	DIRECTORS Delete	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	Ren	ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11 SIDENT/SECRETARY/TREAM CALLAND FACK BIDD T LANCET DAIL FACK BIDD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Schrank Joey 2802 W. OAKLA FORT CAUCACIAL	Delete W ND PK B(UP F/. 333//	TITLE NAME STREET ADDRES CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Oelete	TITLE NAME STREET ADDRESS	S	☐ Change ☐ 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: