2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State
01-23-2003 90103 050 ***150.00

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DOCUMENT # P02000103455

1. Entity Name
REDA2F, INC.

Principal Place of Business	Mailing Address
20822 NE 32 AVENUE AVENTURA FL 33180 US	20822 NE 32 AVENUE AVENTURA FL 33180 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
20822 NE 32 AVENUE	20822 NE 32 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA - FLORIDA	City & State: AVENTURA - FLORIDA
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number 51-0433169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERRELL GROUP CORPORATE SERVICES, LLC.
201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI FL 33131

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 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, 2003 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SERGIO FARACHE AV. LOS CHAGUARAMOS PPAL. CASTELLANA EDF. OPENCRON - CARACAS - VENEZUELA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ROSA ANA FERNANDEZ DE FARACHE AV. LOS CHAGUARAMOS PPAL. CASTELLANA EDF. OPENCRON - CARACAS - VENEZUELA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] - SERGIO FARACHE B 22/02/2003 - 305-7925452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)