




FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000119759 1. Entity Name RDD INTERNATIONAL, INC.				Apr 08, 2005 08:00 AM Secretary of State	
Principal Place of Business 17150 COLLINS AVENUE SUITE 176 SUNNY ISLES BEACH, FL 33160		Mailing Address 17150 COLLINS AVENUE SUITE 176 SUNNY ISLES BEACH, FL 33160			
DO NOT WRITE IN THIS SPACE				02242005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 82-0571189	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERRA, ANDRE F 17150 COLLINS AVENUE SUITE 176 SUNNY ISLES BEACH, FL 33160				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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				 04/08/05-80012-013 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTD SERRA, ANDRE F 16919 N. BAY ROAD APT. 410 SUNNY ISLES BEACH, FL 33160			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD DA ROCHA, MAIA L 17021 W BAY ROAD, APT 509 SUNNY ISLES BEACH, FL 33160			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DV SURAMYA, ATAPATTU 9614 PONDWOOD ROAD BOCA RATON, FL 33428			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # _____	