

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007144

Entity Name: RADEVA THERAPY, INC.

FILED  
Jan 11, 2004  
Secretary of State

**Current Principal Place of Business:**

7911 NW 72 AVE SUITE 204  
MEDLEY, FL 33166

**New Principal Place of Business:**

12001 NE SIXTH AVENUE  
MIAMI, FL 33161

**Current Mailing Address:**

7911 NW 72 AVE SUITE 204  
MEDLEY, FL 33166

**New Mailing Address:**

12001 NE SIXTH AVENUE  
MIAMI, FL 33161

FEI Number: 42-1573591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELVALLE, RACHEL S  
12001 NE 6 AVE  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELVALLE, RACHEL  
Address: 12001 NE 6 AVE  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL DELVALLE

PD

01/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date