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Secretary of State

03-08-2004 90051 017 ***100.00
04-05-2004 90074 043 ****50.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019303

1. Entity Name
DREDA SERVICES CORPORATION

Principal Place of Business	Mailing Address
6039 COLLINS AVE UNIT 1015 MIAMI BEACH, FL 33140	6039 COLLINS AVE UNIT 1015 MIAMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
15882 SW 51 ST.	15882 SW 51 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33027 Country: USA	Zip: 33027 Country: USA

03042004 Chg-P CR2E034 (10/03)

4. FEI Number: 04-3748029 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE MORAES, FABIO 6039 COLLINS AVE UNIT 1015 MIAMI BEACH, FL 33140	Name: DE MORAES FABIO Street Address (P.O. Box Number is Not Acceptable): 15882 SW 51 ST City: MIRAMA FL Zip Code: 33027

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: _____ 3/4/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE MORAES, FABIO	NAME	
STREET ADDRESS	6039 COLLINS AVE UNIT 1015	STREET ADDRESS	15882 SW 51 ST
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 3/4/04 954-441-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #