## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000117366

HEDMANN, CRAIG

MIAMI, FL 33126

1165 N.W. 76TH AVENUE

Name:

Address:

City-St-Zip:

Entity Name: RESE FLORIDA INVESTMENT INC

FILED Apr 13, 2004 Secretary of State

Littly Na	ille. KLOLITI	ORIDA INVESTIVIENT INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1165 N.W MIAMI, FL	. 76TH AVENU 33126	JE			
Current Mailing Address:			New Mailing Address:		
1165 N.W MIAMI, FL	. 76TH AVENU 33126	JE			
FEI Number	: 56-2423187	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:	
DEARR, C 9130 S. D. SUITE 160 MIAMI, FL	ADELAND BL\ )9, TWO DATF	/D. RAN CENTER			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( GONZALEZ, N 1165 N.W. 761 MIAMI, FL 331	TH AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( DELGADO, DA 1165 N.W. 761 MIAMI, FL 331	TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( LALANI, NOOF 1165 N.W. 761 MIAMI, FL 331	'H AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D (	) Delete	Title	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NOORDIN LALANI D 04/13/2004