2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90215 043 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired S8.75 And Section S8.75 And Section S8.75 And Section	ity Name	ENT # P0300014 RADING, INC.	49383				04-29-2	2004 902	215 043 *	**150.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Q423204 Chg. P CR2E034 (10/03)	WOOD TRA	ACE CT	5 REDWOOD TRACE				ባቭብኒስ	ሆሆ ያ		,
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Second S	City & State		City & State	City & State		4. FEI Numbe	Applied For			
S. Name and Address of Current Registered Agent Name PYE. CRAIG S REDWOOD TRACE CT City FL Zip Code 8. The above named ental substitution is the statement purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with a fee obligations of International or product of the obligations of International or In		Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curre	ent Registered Agent.			7. Name and	Address'of New F	Registered		- 1. 774- NO
B. The above named ental spon its this statement in purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of the obligatio	DWOOD					(P.O. Box Numb	er is Not Acceptable	e)		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the infiniticated on this report or supplied mental 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 of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE:			with this filling does not quall ort is true and accurate and tempowered to execute this re- ses with all other like empow	ify for the exemption that my signature sh- eport as required by ered.	stated in Si all have the Chapter 60			I further cer oath; that I ne appears i	rtify that the i am an officer in Block 10 o	nformation or director r Block 11 if