2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2005 8:00 am Secretary of State

| 1. Entity Nam | MENT # P0400051222 RIDAL, INC. | | 05-23-2005 90007 042 ***150.00 | | |
|--|--|---------------------------------------|---|----------|--|
| Principal Place 2617 NW 30 MIAMI, FL 3 | ST 2617 NW 30 ST | | | | |
| 2. Principal F | Alace of Business 3. Mailing Address 2. S I NU 4. etc. Suite, Apt. #, etc. | 285t | 04292005 Chg-P CR2E034 (10/03) | | |
| City & Stat | · +/ | | 4. FEI Number Applied For | | |
| 2ip 3314 | ami, the mam Country Zip Zip Zip Zip Zip Zip Zip Zip | Country | 5. Certificate of Status Desired 5. Sequence 5. Status Desired 5. Sequence 5. | ble | |
| | 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | ╛ | |
| Name Name | | | | | |
| MONTES DE OCA, MAGDALENA 2617 NW 30 ST MIAMI, FL 33142 | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | |
| : | | City | FL Zip Code | \dashv | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee witi be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | \dashv | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST ; Delete MONTES DE OCA, MAGDALENA 2617 NW 30 ST MIAMI, FL 33142 | TITLE NAME STREET ADDRESS CATY-ST-ZIP | OPST DE OCA, MAGDALENA 2281 NW 28 St manni, FL 33142 | ion | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | VD Delete ARIAS, FIDELINA 2617 NW 30 ST MIAMI, FL 33142 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO ARIAS FIDELINA 2281 NW 285322147 | ion | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Additi | ion | |
| NAME STREET ADDRESS CITY-ST-ZIP |) Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MA Change Additi | ion | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Additi | ion | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Detete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NA □ Change □ Additi | ion | |
| 12. Hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this second or supplied with this filing does not qualify the second or supplied with the information indicated on the second or supplied with the information indicated on the second or supplied with the second or supplied with the information indicated on the second or supplied with the second or supplied with the information indicated on the second or supplied with the second or suppli | | | | | |

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 is rupplemental 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.

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

May 17/05

305-635-3334 Daytime Phone #