
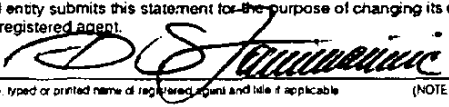



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90108 012 \*\*\*150.00

|   |                                   |     |  |  |  |
|---|-----------------------------------|-----|--|--|--|
| <b>DOCUMENT # P04000095887</b>  |                                   |     |  |                             |  |
| 1. Entity Name<br><b>SREDA, INC.</b>  |                                   |     |  |  |  |
| Principal Place of Business<br><b>13000 SW 60 AVE<br/>MIAMI FL 33156</b>  |                                   |     | Mailing Address<br><b>13000 SW 60 AVE<br/>MIAMI FL 33156</b> |  |  |
| 2. Principal Place of Business  |                                   |     | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |                                   |     | Suite, Apt. #, etc.  |  |  |
| City & State  |                                   |     | City & State   |  |  |
| Zip   | Country                           | Zip | Country  | 4. FEI Number  |  |
|   |                                   |     |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   |     |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent   |                                   |     |  | 7. Name and Address of New Registered Agent  |  |
| <b>RASSNER, WAYNE H ESO<br/>7700 N KENDALL DR SUITE 510<br/>MIAMI FL 33156</b>  |                                   |     |  | Name <b>DRAGISA STANIMIROVIC</b>   |  |
|   |                                   |     |  | Street Address (P.O. Box Number is Not Acceptable):<br><b>13000 SW 60 AVE</b>                                |  |
|   |                                   |     |  | City <b>MIAMI FLA FL</b> Zip Code <b>33156</b>   |  |
|   |                                   |     |  |  |  |
| 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:  <b>DRAGISA STANIMIROVIC PRES. 4-30-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                   |     |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                   |     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |                                   |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        |  |  |
| TITLE   | D <input type="checkbox"/> Delete |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>STANIMIROVIC, DRAGISA</b>      |     | NAME   |  |  |
| STREET ADDRESS  | <b>13000 SW 60 AVE</b>            |     | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   | <b>MIAMI FL 33156</b>             |     | CITY- ST- ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete   |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |     | NAME   |  |  |
| STREET ADDRESS  |                                   |     | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   |                                   |     | CITY- ST- ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete   |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |     | NAME   |  |  |
| STREET ADDRESS  |                                   |     | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   |                                   |     | CITY- ST- ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete   |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |     | NAME   |  |  |
| STREET ADDRESS  |                                   |     | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   |                                   |     | CITY- ST- ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete   |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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:  <b>DRAGISA STANIMIROVIC 4-30-05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                                   |     |  |  |  |

305-491-2252