

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-06-2005 90108 012 ***150.00

DOCUMENT # P04000095887 1. Entity Name SREDA, INC.	
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Principal Place of Business 13000 SW 60 AVE MIAMI FL 33156	Mailing Address 13000 SW 60 AVE MIAMI FL 33156
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASSNER, WAYNE H ESO
7700 N KENDALL DR SUITE 510
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name DRAGISA STANIMIROVIC	
Street Address (P.O. Box Number is Not Acceptable): 13000 SW 60 AVE	
City MIAMI FLA FL	Zip Code 33156

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]* **DRAGISA STANIMIROVIC PRES. 4-30-05** DATE: _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME	D STANIMIROVIC, DRAGISA 13000 SW 60 AVE MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **DRAGISA STANIMIROVIC 4-30-05** Date: _____ Daytime Phone #: **305 491-2252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR