2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

04-23-2003 90637 001 ***300.00

FILED
Apr 23, 2003 8:00 am
Secretary of State

			95	VETER					
Principal Plac	ce of Business	Mailing Address	<u>,</u>						
1905 LINCOLI	n street	1905 LINCOLN STREET							
HOLLYWOOD	FL 33020	HOLLYWOOD FL 33020			•				
						10/40 (III)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11111 (1111	ITAN DEL INTE
. ^	/ /		,		_				
2. And gardiace of pusiness OLST 3. Mailing address Au			y/ol:	5/		IRION FILLI NUELI UDII		18819 11868	ARIER CREC CORE
Suite, Apt. #, etc.			,		☐ CHECK HERE IF MAKING CHANGES				
11810	yword FL	Holly Wo	od P	1	4. FEI Number	65-0402891			oplied For ot Applicable
336	SOU US A	33020	Country 5	A	5. Certificate of S	tatus Desired		.75 Ade Require	
	6. Name and Address of Current I	Registered Agent			7. Name and Add	dress of New Ro	egistered Age	ent	
	-		Name			,	,		
FILENI, R	OBERT G			2-2-6		No. 0 00 00 10 10 10 10 10 10 10 10 10 10 1	-7		
1905 LINCOLN ST.			Street	クサン	O. byx lyanger is	Not Acceptable	51		
	OOD FL 33020			4					
HOLLIM	JOD 1 E 00020		/_/-/						
			94/	5//6	UNDO C	\checkmark	FL	ZPCS	67-60
8. The above	e named entity submits this statement for	the purpose of changing its	registered office o	r registere	d agent, or both in	the State of Flor	rida. Lam fam	iliar with	and accept
	tions of registered agent.	\\ \(\rightarrow \)	. agiotoraa omae o		c, John, or John, in	Orato or rior	ram idili		avoop:
	(8 Die A	$\mathcal{L}U$.		4	12010	2			
SIGNATURE	Signature, typed or printed name of registered agent a	There	: Registered Agent signa		10010		DATE		
	Signature, typed or primed frame or registered agent a	no tite it applicable. (NOTE	:: Negistered Agent signa	rore required	when relinstaying)		UATE		
*	ILE NOW!!! FEE IS \$150.00	1			9. Electio	n Campaign Fina	ancing	\$5.0	May Be
	r May 1, 2003 Fee will be \$550.00	a				und Contribution			to Fees
Make Check	k Payable to Florida Department of	State							
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHA	ANGES TO OFFI	CERS AND DI	RECTOR	S IN 11
TÎTLE	Ρ .	☐ Delete	TITLE				Z	Obange	☐ Addition
NAME	FILENI, ROBERT SR		NAME	0	1-	1.0 -1	<i></i> ·		
STREET ADDRESS	1905 LINCOLN ST.		STREET ADDRESS	190	X TAY!	OK SI			
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	1101	114 WOV C	K_KL	3≥	270	
TITLE	VP	☐ Delete	TITLE					Change	☐ Addition
NAME	FILENI, ROBERT G JR		NAME	1 _	./ /		. /		ĺ
STREET ADDRESS	1905 LINCOLN STREET		STREET ADDRESS	190	0 42410	16 5/			ł
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Ho	XX + Ay l 1/y wox c 0 + Ay lo 1/y wox c	1 FL	3₹	2020	ا د
TITLE		□ Delete	TITLE	7.50.	9000] Change	Addition
NAME	{		NAME	ĺ			_	,	
STREET ADDRESS"	e e e e e e e e e e e e e e e e e e e	سيبدي الساميد المياد	STREET ADDRESS		the state of the s			· ·	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		·] Change	Addition
NAME	1	□ Desette	NAME	1			_	, onenge	Assition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
_				 				1 Cha	
TITLE]	☐ Delete	TITLE				L] Change	☐ Addition
NAME etdeet annoese			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						

TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME	}		NAME	l					{
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					1

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 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:

1. Entity Name

RO DAN HOLDINGS CORP.