2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90713 005 ***150.00

Exp. Country	1. Entity Nam	MENT # P9500008 RD HOLDINGS CORP.	7404	/		}	00 02 2005 90.	15 005	150.00
Suite, Apt. F. etc. City & State	6800 S.W. 40 #387	OTH ST.	6800 S.W. 40TH ST. #387	-					
Suite, Apt. F. etc. City & State	2. Principal P	Place of Business	3. Mailing Address		<u> </u>	-			
State Stat	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			_		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) Oity FL Zip Code A. The above named eatily whom'ts 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 bedugations of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedugation of registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE	City & State		City & State	City & State					Applied For
PAZOS, CARLOS M 6800 SW 40TH STREET UNIT 387 MIAMI, FL 33165 City FL Zip Code 8. The above named entity automite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations of registered agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations of registered agent. SIGNATURE Fuerant, require primare area of equated indexical and all applicable. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations of registered agent. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations of registered agent. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations of registered agent. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations are registered. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations are registered. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations are registered. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the oxingations are registered. (POTE Registered Agent, or both, in the State of Fortsa. I am familiar with, and accept the state oxingations are registered. (POTE Registered Agent, or both, in the State oxingations are registered to the state oxingations are registered to the state oxingations. (POTE Registered Agent, oxingations are registered to the registered oxingations are registered to the registered oxingations are registered to the registered oxingations. (POTE Registered Agent, oxingations are registered to the registered oxingations are registered to the registered oxingations. (POTE Registered Agent, oxingations are registered to the	Zip	Country	Zip	Coun	try	5. 0	Certificate of Status Desired		
PAZOS, CARLOS M SERENDORSS ONLY AUTHORS Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorita, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorita, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorita, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorita, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorita, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorita, I am familiar with, and accept the property of the purpose of changing financing. SIGNATURE SIGNATURE		6. Name and Address of Curn	ent Registered Agent			7. N	lame and Address of New Registe	red Agent	
UNIT 397 MIAMM, FL 33156 City	PAZOS, CA	RLOS M			Name		•		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the exhiptations of registered agent, or both in the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the exhiptation of registered agent, or both. In the State of Florida. I am familiar with, and accept the familiar with and accept the familiar with, and accept the familiar with, and accept the familiar with an accept the familiar with accept accept the familiar with accept accept the familiar with accept accept the familiar with an accept the familiar with an accept the familiar with an accept the familiar with accept accept the fa	UNIT 387	,			Street Address (P.O. B	ox Number is Not Acceptable)		
A. 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 File KOVYII FEE: IS: \$160 GB	1	•			City			FL Zip C	Code
TOL. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PAZOS, CARLOS M DIRECTORS M DIRECTORS IN 11 TITLE PAZOS, CARLOS M STREET ADDRESS CITY-S1-2IP TITLE MIAMM, FL 33155 CITY-S1-2P MIAMI, FL 33155 CITY-S1-2P Delete MIAME STREET ADDRESS CITY-S1-2IP TITLE MAME STRE	F After	Signature, typed or printed name of registered as ILE NOWILL FEE IS \$150:00 May/1, 2003 Fee, will be \$550:	10)TE: Regis bre	d Agentsignature required	iwhen re	9. Election Campaign Financing		
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CITY-ST-ZIP INTILE NAME SINEET ADDRESS* 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(3Xi), 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, Ejorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered ARLOS M. P42.03	TITLE		☐ Delete	1111.1				Chan	ge Addition
NAME SINEET ADDRESS* CITY-S1-2P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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, Eloida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered A D CO M. PAZOL				a di	-				
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