

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90025 024 ***150.00

DOCUMENT # P97000073208					
1. Entity Name RD ATLANTIC ASSOCIATES, INC.					
Principal Place of Business 10729 SW 104 ST MIAMI, FL 33176			Mailing Address 10729 SW 104 ST MIAMI, FL 33176		
2. Principal Place of Business 401 SW 42 Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 21026 <small>Suite, Apt. #, etc.</small>			
City & State Miami, FL Zip: 33134 Country: Dade		City & State Ft. Lauderdale, FL Zip: 33335 Country: Broward		01242004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0789166				Applied For <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 KUPERSTEIN, STANLEY H. 100 SE SECOND ST SUITE 2800 MIAMI BEACH, FL 33131			7. Name and Address of New Registered Agent Name: <u>Ronald DeMeo</u> Street Address (P.O. Box Number is Not Acceptable): 401 SW 42 Ave City: <u>Miami</u> FL Zip Code: <u>33134</u>		
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: <u>Ronald DeMeo</u> DATE: <u>1-29-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P DEMEO, RONALD MD 140 JEFFERSON AVENUE UNITE #14020 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DeMeo, Ronald F. 401 SW 42 Ave Miami, FL 33134	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ronald DeMeo</u> DATE: <u>1-29-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					