2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am DOCUMENT # P98000030435 **Secretary of State** 1. Entity Name 03-15-2004 90044 008 ***150.00 RADA REALTY CORP. Principal Place of Business Mailing Address 408 S ANDREWS AVE 408 S ANDREWS AVE SUITE 104 SUITE 104 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3. Mailing Address 12345 Principal Place of Business 1800 Sunset Harbour-Dr Suite, Apt. #, etc. CR2E034 (11/03) MOORE #1206 City & State Miami Beac City & State 4. FEI Number Applied For 11-3305591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. ULLIAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable 408 S ANDREWS AVE SUITE 104 FORT LAUDERDALE FL 33301 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ULLIAN, MICHAEL NAME NAME 1800 SUNSET Harbour Dr. # 1206 STREET ADDRESS 1600 NE 12TH TERR. STREET ADDRESS Miami Beach, FL 33139 CITY-ST-ZIP FT. LAUDERDALE FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete ☐ Change 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)(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 t 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

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