


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90015 024 ***150.00

DOCUMENT # P99000052701	
1. Entity Name ALREDI PRODUCTIONS, INC.	

Principal Place of Business 7888 TALAVERA PLACE DELRAY BEACH, FL 33496 US	Mailing Address 7888 TALAVERA PLACE DELRAY BEACH, FL 33496 US
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00440441



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROY, DAVE K 440 COLUMBIA DRIVE #300 WEST PALM BEAC, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARALDI, ALINA 7888 TALAVERA PLACE DELRAY BEACH, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAFTER, WILLIAM R 7888 TALAVERA PLACE DELRAY BEACH, FL 33496
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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: Alina Baraldi (PRESIDENT) 5/3/2004 561-638-8047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #