2004 FOR PROFIT CORPORATION

FILED May 03, 2004 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P99000057476** 1. Entity Name 05-03-2004 91256 022 ***158.75 **REDU HOMES INC** Principal Place of Business Mailing Address 74000 737 NW 84TH LANE 737 NW 84TH LANE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0933579 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUVAL, RICHARD Street Address (P.O. Box Number is Not Acceptable) 737 NW 84TH LANE CORAL SPRINGS, FL 33071 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIII F VΡ ☐ Delete TITLE ☐ Channe ☐ Addition **DUVAL, EUGENE** NAME NAME STREET ADDRESS STREET ADDRESS 6810 SW 8 ST N LAUDERDALE, FL 33068 CITY-ST-7IP CITY-ST-7/P Change **2** Delete ☐ Addition TITLE TITLE ESTACHE, HEINS NAME ESTACHE HENS NAME 6810 SW 8 ST STREET ADDRESS STREET ADDRESS 6810 SW 3 ST N LAUDERDALE, FL 33068 CITY-ST-712 CITY-ST-74P N. LAUD E Addition ☐ Detete TITLE IIII F NAME NAME TRENE DWAI STREET ADDRESS STREET ADDRESS 6810 DAKMONT DO CITY-ST-ZIP CITY-ST-ZIP Change F ☐ Addition TITLE ☐ Delete III) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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: _

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR