


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P0000026564
 1. Entity Name
RED INTERNATIONAL GROUP, CORP.



Principal Place of Business 848 BRICKELL AVENUE STE. 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE STE. 700 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1103169	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

**MURAI, WALD, BIONDO & MORENO, P.A.
 TWO ALHAMBRA PLAZA
 PENTHOUSE 1B
 MIAMI, FL 33134**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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	PST ARDID, JOSE 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARDID, INIGO 848 BRICKELL AVE. STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURAI, RENE V TWO ALHAMBRA PL PENTHOUSE 1B MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, DIEGO 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 04/24/07-80143-017-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOSE ARDID** **4/11/07** **305 377 1001**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #