

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026564

FILED
Apr 16, 2009
Secretary of State

Entity Name: RED INTERNATIONAL GROUP, CORP.

Current Principal Place of Business:

848 BRICKELL AVENUE
STE. 700
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

848 BRICKELL AVENUE
STE. 700
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1103169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ARDID, JOSE
Address: 848 BRICKELL AVE., STE. 700
City-St-Zip: MIAMI, FL 33131

Title: VPAS () Delete
Name: ARDID, INIGO
Address: 848 BRICKELL AVE. STE. 700
City-St-Zip: MIAMI, FL 33131

Title: AS () Delete
Name: MURAI, RENE V
Address: TWO ALHAMBRA PL PENTHOUSE 1B
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: ARDID, DIEGO
Address: 848 BRICKELL AVE., STE. 700
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ARDID

PST

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date