

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000023571 1. Entity Name REDSTONE GROUP, CORP.			<div style="text-align: center;"> FILED 04 OCT -8 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>
Principal Place of Business 1414 NW 107TH AVENUE SUITE 105 MIAMI, FL 33172		Mailing Address 1414 NW 107TH AVENUE SUITE 105 MIAMI, FL 33172	
2. Principal Place of Business 5727 NW 7th Street		3. Mailing Address 5727 NW 7th Street	
Suite, Apt. #, etc. #129		Suite, Apt. #, etc. #129	
City & State Miami, FL		City & State Miami, FL	
Zip 33126		Zip 33126	
Country USA		Country USA	
4. FEI Number 03-0403854		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 CASERES, WILKIN 1414 NW 107TH AVENUE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Wilkin Caseres Street Address (P.O. Box Number is Not Acceptable) 5727 NW 7th Street City Miami	
		FL Zip Code 33126	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 10/06/2004	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASERES, WILKIN 1414 NW 107TH AVENUE, SUITE 105 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Caseres, Wilkin 5727 NW 7th Street, #129 Miami FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice-President Wilkin Caseres 5727 NW 7th Street, #129 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200041704682 10/08/04--01017--014 *\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/06/2004	
		Daytime Phone # 305-401-0956	