

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079175

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: REDIENT SYSTEMS CORPORATION

## Current Principal Place of Business:

8603 NW 192ND LN  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

8603 NW 192ND LN  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 57-1206283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSOLA, MANUEL  
8603 NW 192ND LN  
MIAMI, FL 33015 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: P ( ) Delete  
Name: CASSOLA, MANUEL  
Address: 8603 NW 192ND LANE  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: SANCHEZ, LIVAN  
Address: 5600 COLLINS AVE, APT 11-D  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD ( ) Change (X) Addition  
Name: DEL REY, RAYMOND  
Address: 7005 SW 138TH CT  
City-St-Zip: MIAMI, FL 33183

Title: T ( ) Change (X) Addition  
Name: RIVERO ORAMA, NARGEL  
Address: 5600 COLLINS AVE APT 11-D  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Change (X) Addition  
Name: CASSOLA, GRISEL  
Address: 8603 NW 192ND LN  
City-St-Zip: MIAMI, FL 33015

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: MANUEL CASSOLA

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date