2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90013 020 ***150.00

DOCUMENT # P06000151350

1. Entity Name
REDSTONE LAND CORP.

Principal Place of Business	Mailing Address
~~3191 CORAL WAY, #624~~ ~~CORAL GABLES, FL 33145~~	~~3191 CORAL WAY, #624~~ ~~CORAL GABLES, FL 33145~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2828 CORAL WAY	2828 CORAL WAY
Suite, Apt. #, etc.: 308	Suite, Apt. #, etc.: 308
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33145 / Country: USA	Zip: 33145 / Country: USA

01312008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-8350798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELO, PAULO ~~3191 CORAL WAY, #624~~ CORAL GABLES, FL 33145	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 2828 CORAL WAY #308 City: MIAMI FL Zip Code: 33145

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MELO, PAULO ~~3191 CORAL WAY, #624~~ ~~CORAL GABLES, FL 33145~~	☐ Delete	SAME 2828 CORAL WAY #308 MIAMI, FL, 33145	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELO, RONILDO ~~3191 CORAL WAY #624~~ CORAL GABLES, FL 33145	☐ Delete	SAME 2828 CORAL WAY # 308 MIAMI, FL, 33145	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 2/22/2008 305 567 1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #