2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 544791

1. Entity Name
THE REDEVCO CORPORATION

U00000465773
03/22/06-80048-025 150.00

Principal Place of Business
1175 N.E. 125TH STREET
FIRST FLOOR, SUITE 103
NORTH MIAMI, FL 33161

Mailing Address
1175 N.E. 125TH STREET
FIRST FLOOR, SUITE 103
NORTH MIAMI, FL 33161

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1817645 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A.
1221 BRICKELL AVENUE
MIAMI, FL 33131

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBD
NAME	KOLSKY, ALLAN
STREET ADDRESS	1175 NE 125TH STREET # 103
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	P
NAME	KOLSKY, DEBRA SINKLE
STREET ADDRESS	1175 NE 125TH STREET # 103
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	TD
NAME	KOLSKY, DEBRA SINKLE
STREET ADDRESS	1175 NE 125TH STREET # 103
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Debra Sinkle Kolsky — 3/7/06 — 305 981-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #