


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 013 ***150.00

DOCUMENT # 563989 1. Entity Name REDELTA, INC.					
Principal Place of Business C/O MIGUEL G. FARRA, ESQ. 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131			Mailing Address C/O MIGUEL G. FARRA, ESQ. 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 8201 Peters Road		3. Mailing Address Same			
Suite, Apt. #, etc. 1000		Suite, Apt. #, etc.			
City & State Plantation, FL		City & State		4. FEI Number 59-1836167	
Zip 33324		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRA, MIGUEL G., ESQ. 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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 SARRI, CLARA DONATI DE PRADOS DEL ESTE CARACAS, VENEZUELA 00000,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Silvia Sarri 372 NW 97 Ave Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SARRI, FRANCESCO PRADOS DEL ESTE CARACAS, VENEZUELA 00000,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Wade Anderson 372 NW 97 Ave Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Silvia Sarri</i>			SILVIA SARRI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 03/31/2008 Daytime Phone # (954) 4765360		