


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-02-2008 90027 013 \*\*\*150.00

<b>DOCUMENT # 563989</b> 1. Entity Name <b>REDELTA, INC.</b>			
Principal Place of Business <b>C/O MIGUEL G. FARRA, ESQ.                  1001 BRICKELL BAY DRIVE, 9TH FLOOR                  MIAMI, FL 33131</b>		Mailing Address <b>C/O MIGUEL G. FARRA, ESQ.                  1001 BRICKELL BAY DRIVE, 9TH FLOOR                  MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>8201 Peters Road</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>1000</b>		Suite, Apt. #, etc.	
City & State <b>Plantation, FL</b>		City & State	
Zip <b>33324</b>		Zip	
Country <b>U.S.A</b>		Country	
4. FEI Number <b>59-1836167</b>		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  <b>FARRA, MIGUEL G., ESQ.                  1001 BRICKELL BAY DRIVE                  9TH FLOOR                  MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 Fee will be \$550.00</b>		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,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silvia Sarri 372 NW 97 Ave Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARRI, FRANCESCO PRADOS DEL ESTE CARACAS, VENEZUELA 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wade Anderson 372 NW 97 Ave Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SARRI, CLAUDIO PRADOS DEL ESTE CARACAS, VENEZUELA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Silvia Sarri</u>		SILVIA SARRI	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>03/31/2008</u> Daytime Phone #: <u>(954) 476-5360</u>	