

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003346

FILED
Jul 05, 2007
Secretary of State

Entity Name: REDBRIDGE CAPITAL CORP.

Current Principal Place of Business:

1975 HEMPSTEAD TURNPIKE
SUITE #405
EAST MEADOW, NY 11554

New Principal Place of Business:

Current Mailing Address:

1975 HEMPSTEAD TURNPIKE
SUITE #405
EAST MEADOW, NY 11554

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: COLICA, BRIAN
Address: 1975 HEMPSTEAD TURNPIKE, SUITE #405
City-St-Zip: EAST MEADOW, NY 11554

Title: VPST () Delete
Name: COLICA, ANTHONY
Address: 1975 HEMPSTEAD TURNPIKE, SUITE #405
City-St-Zip: EAST MEADOW, NY 11554

Title: D () Delete
Name: COLICA, ANTHONY
Address: 1975 HEMPSTEAD TURNPIKE, SUITE #405
City-St-Zip: EAST MEADOW, NY 11554

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRIAN COLICA

CDP

07/05/2007

Electronic Signature of Signing Officer or Director

Date