

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000656

FILED
Aug 29, 2004
Secretary of State**Entity Name:** REDIMA INTERNATIONAL, INC.**Current Principal Place of Business:**17630 NW 73RD AVE
205
MIAMI, FL 33015**New Principal Place of Business:****Current Mailing Address:**17630 NW 73RD AVE
205
MIAMI, FL 33015**New Mailing Address:****FEI Number:** 77-0611254 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURNS, JAMES C
17630 NW 73RD AVE
APT. 205
MIAMI, FL 33015 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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: AVILA, GUIDO R
Address: 17630 NW 73RD AVE APT. 205
City-St-Zip: MIAMI, FL 33015**Title:** D () Delete
Name: BURNS, JAMES C
Address: 17630 NW 73RD AVE APT. 205
City-St-Zip: MIAMI, FL 33015**Title:** ST () Delete
Name: BURNS, VITTORIA
Address: 617630 NW 73RD AVE
City-St-Zip: MIAMI, FL 33015**Title:** TD () Delete
Name: SINGH, ALAN
Address: 7250 NW 177TH STREET, #100
City-St-Zip: MIAMI, FL 33015**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. BURNS

DIRE

08/29/2004

Electronic Signature of Signing Officer or Director_____
Date