

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005603

FILED  
Jan 28, 2007  
Secretary of State

Entity Name: RED CHEMISTRY INC.

**Current Principal Place of Business:**

8877 COLLINS AVE #610  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

8877 COLLINS AVE #610  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: 71-1005467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDMAN, ISABELLE  
8877 COLLINS AVE #610  
SURFSIDE, FL 33154 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: D ( ) Delete  
Name: LANDMAN, ISABELLE  
Address: 8877 COLLINS AVE #610  
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete  
Name: LANDMAN, JOSE  
Address: 8877 COLLINS AVE #610  
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete  
Name: MESSICA, ISABELLE  
Address: 5384 SW 38TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: HOLLANDER, SUZANNE  
Address: TEW CARDENAS LLP-1441 BRICKELL AVE. 15TH FL  
City-St-Zip: MIAMI BEACH, FL 33131 US

Title: DIR (X) Change ( ) Addition  
Name: LANDMAN, ISABELLE  
Address: 8877 COLLINS AVE #610  
City-St-Zip: SURFSIDE, FL 33154

Title: DIR (X) Change ( ) Addition  
Name: OLT-WEISBRUN, VIVIAN  
Address: 8877 COLLINS AVE. #601  
City-St-Zip: SURFSIDE, FL 33154

Title: DIR ( ) Change (X) Addition  
Name: SAGETTE, ALEXANDRA  
Address: 3120 MUNROE DR - COCONUT GROVE  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE LANDMAN

DIR

01/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date