


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90008 022 \*\*\*\*61.25

**DOCUMENT # N06000005603**

1. Entity Name  
**RED CHEMISTRY INC.**



Principal Place of Business  
**8877 COLLINS AVE #610**  
**SURFSIDE, FL 33154**

Mailing Address  
**8877 COLLINS AVE #610**  
**SURFSIDE, FL 33154**

**40028655**



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**71-1005467**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LANDMAN, ISABELLE**  
**8877 COLLINS AVE #610**  
**SURFSIDE, FL 33154**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	HOLLANDER, SUZANNE
STREET ADDRESS	TEW CARDENAS LLP-1441BRICKELL AVE.15TH FL
CITY-ST-ZIP	MIAMI BEACH, FL 33131
TITLE	DIR
NAME	LANDMAN, ISABELLE
STREET ADDRESS	8877 COLLINS AVE #610
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	DIR
NAME	OLTI-WEISBRUN, VIVIAN
STREET ADDRESS	8877 COLLINS AVE. #610
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	DIR
NAME	SAGETTE, ALEXANDRA
STREET ADDRESS	3120 MUNROE DR COCONUT GROVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	Treasurer
NAME	Stuart Rohatiner
STREET ADDRESS	6060 71 St
CITY-ST-ZIP	Miami Bch FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 617, 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: *Isabelle Landman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_