


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000026564 1. Entity Name RED INTERNATIONAL GROUP, CORP.	
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Principal Place of Business 848 BRICKELL AVENUE STE. 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE STE. 700 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1103169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
MIAMI, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000922606 05/15/08-80053-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARDID, JOSE 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARDID, INIGO 848 BRICKELL AVE. STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURAI, RENE V TWO ALHAMBRA PL PENTHOUSE 1B MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, DIEGO 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:  **JOSE ARDID** 4-21-08 3053771001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #