


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000031063**

1. Entity Name  
**575 RED ROAD CORPORATION**



Principal Place of Business <b>420 SO. DIXIE HIGHWAY          SUITE 4D          CORAL GABLES, FL 33146</b>	Mailing Address <b>420 SO. DIXIE HIGHWAY          SUITE 4D          CORAL GABLES, FL 33146</b>
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01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1114560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JARP, GEORGE  
 420 SO. DIXIE HIGHWAY  
 SUITE 4D  
 CORAL GABLES, FL 33146

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JARP, GEORGE 420 SO. DIXIE HIGHWAY SUITE 4D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JARP, MARILLU 420 SO. DIXIE HIGHWAY SUITE 4D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROS, LUISA 420 SO. DIXIE HIGHWAY SUITE 4D CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

**SIGNATURE:** *Marilla Jarp, VP* **1/25/05** **305-663-2711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #