

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90010 001 ***150.00

DOCUMENT # P01000040582

1. Entity Name
RED ALL OVER PUBLISHING, INC.



Principal Place of Business
**1940 HARRISON STREET SUITE 300
SUITE 200-D
HOLLYWOOD, FL 33020**

Mailing Address
**8079 SW 86TH TERRACE
MIAMI, FL 33143**

34018307

2. Principal Place of Business
1940 HARRISON STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 200 A

Suite, Apt. #, etc.

02062004 Chg-P CR2E034 (10/03)

City & State
HOLLYWOOD, FL

City & State

4. FEI Number
65-1102722

Applied For
Not Applicable

Zip Country
33020 USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, MICHAEL S
3195 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BROWN, MEREDITH A
STREET ADDRESS 1940 HARRISON ST STE 200-D
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BROWN, JANET
STREET ADDRESS 8079 SW 86TH TERRACE
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BROWN, MICHAEL S
STREET ADDRESS 8079 SW 86TH TERRACE
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL S. BROWN

Feb 9, 2004 (305) 529-1414