## 2004 FOR PROFIT CORPORATION

## May 04, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000089463 05-04-2004 90153 025 \*\*\*150.00 1. Entity Name REDI INVESTMENTS CORPORATION Principal Place of Business Mailing Address 2360 NORTHWEST 36TH STREET 2360 NORTHWEST 36TH STREET ALGAS BUILDING ALGAS BUILDING MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business Suite, Apt. #, etc. 04272004 Chg-P CR2E034 (10/03) City & State 4 FEI Number Applied For 65-1138920 Not Applicable Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLAN, DOLORES I Street Address (P.O. Box Number is Not Acceptable) 12720 SW 20 ST MIAMI, FL 33175 City 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 present annothing the process of registered agent and title it applicable. (NOTE: Registered Agent signature required when rouislating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Aridition TITLE Delete TITLE MILLAN, DELORES I NAME NAME STREET ADDRESS 12720 SW 20 ST STREET ADDRESS COLY-SI-ZIP MIAMI, FL ,33175 CITY-ST-ZIP **VSTD** Delete Change Addition VILARINO, RODOLFO E NAME STREET ADDRESS 12720 SW 20 ST

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12. Thereby 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:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

MIAMI, FL 33175

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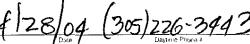
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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