2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91451 030 ***150.00

DOCUMENT # P01000089463

1. Entity Name
REDI INVESTMENTS, CORP

Principal Place of Business	Mailing Address
2360 N.W 36 st Algas Building Miami Fl 33142	2360 N.W 36 st Algas Building Miami Fl 33142

2. Principal Place of Business	3. Mailing Address
	7105 SW. 8 st
Suite, Apt #, etc	Suite, Apt #, etc. 309
City & State	City & State Miami Fl
Zip / Country	Zip 33144 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1138920 — Applie / Not Ap

5. Certificate of Status Desired ☐ $8.75 Additior Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA P.A.
1840 S.W. 22nd st 4th Floor
Miami Fl 33145

7. Name and Address of New Registered Agent
Name: DOLORES I. MILLAN
Street Address (P.O. Box Number is Not Acceptable): 12720 S.W. 20 st
City: MIAMI FL Zip Code: 33175

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 the obligations of registered agent.

SIGNATURE: [signature] Dolores I. Millan 4/30/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 M Added to I

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILLAN DELORES I. 2360 N.W. 36 st Miami Fl 33142 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12720 S.W. 20 st Miami Fl 33175 ☒ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VILARINO RODOLFO E. 2360 NW 36 St Miami Fl 33142 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12720 SW 20 st Miami Fl 33175 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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 infor 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 c 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 Bl changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] Dolores I Millan 4/30/03 (305)226-344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #