

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90032 042 \*\*\*150.00

**DOCUMENT # P01000094087**

1. Entity Name

REDEVGROUP, INC.



Principal Place of Business

426 SE 6TH STREET  
DANIA BEACH FL 33004

Mailing Address

901 PONCE DE LEON BLVD.  
SUITE 606  
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

426 S.E. 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

DANIA BEACH FLORIDA

4. FEI Number

06-1636024

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

U.S.A

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

DICK, JAY  
426 SE 3RD STREET  
DANIA BEACH FL 33004

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 reappointing)

DATE

2/11/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	DP	<input type="checkbox"/> Delete
NAME	RYAN, CHRISTOPHER J	
STREET ADDRESS	700 E DANIA BEACH BLVD 3D FL	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DICK, JAY	
STREET ADDRESS	426 SE 6TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/08 954-629-2049