

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 001 ***150.00

DOCUMENT # P01000096007 1. Entity Name REDSIS CORP.					
Principal Place of Business 4749 HIBBS GROVE TERR COOPER CITY, FL 33330			Mailing Address 4749 HIBBS GROVE TERR 4749 HIBBS GROVE TERR, FL 33330		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1145205	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HABIB, MARIO 4749 HIBBS GROVE TERR COOPER CITY, FL 33330				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CEO HABIB, MARIO 4749 HIBBS GROVE TERRACE COOPER CITY, FL 33330 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HABIB, ZULEIMA 4749 HIBBS GROVE TERRACE COOPER CITY, FL 33330 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HABIB, ANTONIO 382 LAKEVIEW DR B-59-101 WESTON, FL 33326 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO HABIB, JORGE M 4749 HIBBS GROVE TERRACE COOPER CITY, FL 33330 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Mario Habib</u> 01/17/06 954-252-1302					
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					