2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000039337

1. Entity Name
REDIENT INC.

Principal Place of Business	Mailing Address
8603 N.W. 192 LANE HIALEAH, FL 33015	8603 N.W. 192 LANE HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

03052005 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
01-0678952	Not Applicable

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

6. Name and Address of Current Registered Agent

CASSOLA, MANUEL
8603 NW 192ND LANE
MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASSOLA, MANUEL
STREET ADDRESS	8603 NW 192ND LN
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	ST
NAME	CASSOLA, GRISELDA
STREET ADDRESS	8603 N.W. 192 LANE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000362411
05/05/05-80117-002 150.00

DO NOT WRITE IN THIS SPACE

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 all other like empowered

SIGNATURE: _____ 04/28/05 786-236-6782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #