

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000039337

**FILED  
Apr 14, 2007  
Secretary of State**

**Entity Name:** REDIENT INC.

**Current Principal Place of Business:**

8603 N.W. 192 LANE  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

8603 N.W. 192 LANE  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 01-0678952      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASSOLA, MANUEL  
Address: 8603 NW 192ND LN  
City-St-Zip: MIAMI, FL 33015

Title: ST ( ) Delete  
Name: CASSOLA, GRISEL  
Address: 8603 N.W. 192 LANE  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CASSOLA

P

04/14/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date