


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90038 049 ***150.00

DOCUMENT # P02000048531					
1. Entity Name RED EMERALD, INC.					
Principal Place of Business 5577 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463-6575			Mailing Address 5577 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463-6575		
2. Principal Place of Business - No P.O. Box # 121 COVE RD		3. Mailing Address 121 COVE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GREEN ACRES FL		City & State GREENACRES FL		4. FEI Number 01-0696552	
Zip 33413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERET, KAREN A 5577 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463-6575			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DERET, KAREN A 5577 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 COVE RD GREENACRES, FL 33413-2145
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Karen Deret</i>			Date: <i>3/25/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		