2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 038 ***150.00

DOCUMENT # P02000088120

1. Entity Name
HALIOTIS RED INC.

Principal Place of Business	Mailing Address
723 N.W. 91ST TERRACE PLANTATION, FL 33325	723 N.W. 91ST TERRACE PLANTATION, FL 33325

2. Principal Place of Business	3. Mailing Address
37171 SYCAMORE ST	37171 SYCAMORE ST
Suite, Apt. #, etc.: 834	Suite, Apt. #, etc.: 834
City & State: NEWARK CA	City & State: NEWARK CA
Zip: 94560 Country:	Zip: 94560 Country:

02242004 Chg-P CR2E034 (10/03)

4. FEI Number: 82-0559002 — Applied For / Not Applicable

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
ESTRADA, ROBERT 723 N.W. 91ST TERRACE PLANTATION, FL 33325	Name: MICHELLE L. BROOKS Street Address (P.O. Box Number is Not Acceptable): 12290 NW 27TH CT PLANTATION City: FL Zip Code: 33323

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 Michelle Brooks MICHELLE BROOKS APRIL 15-04
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, 2004 Fee will be $550.00

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESTRADA, ROBERT	NAME	
STREET ADDRESS	723 N.W. 91ST TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33325	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: ROBERT B ESTRADA APRIL 29 04 650 483 8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #