FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90108 004 ***150.00

2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000103179 90055994 1. Entity Name R.E.D. TRAVEL, INC. Principal Place of Business Mailing Address 6760 WEST 5TH PLACE 6760 WEST 5TH PLACE HIALFAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable 75232 7ln Country Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 6760 WEST 5TH PLACE Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33012 City FL 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 Signature, typed or printed name of registered again; and title if applicable. (NOTE: Registered Agents igniture required when reinstiting) After NOW!!! FEE IS \$150.00 a. After May 1: 2009 Fee will be \$550.00 . Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be . . . Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TALE ☐ Change ☐ Addition AGUILAR, ANA M . * * NAME STREET ADDRESS 6760 WEST 5TH PLACE STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TALE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - 57 - 21P TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Oelete 1ffLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CAY-ST-2IP TITLE ☐ Delete TOLE ☐ Change ☐ Addition RAUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TALE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CffY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3X)). 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 producted the report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with girl address, with all other like emprowered. 3/12/03 SIGNATURE: G OFFICER OR DIRECTOR