
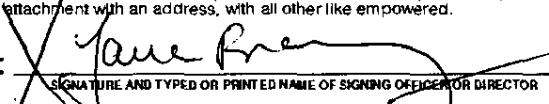


FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 91007 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000109707</b>			
1. Entity Name <b>RED SQUARE GROUP, INC.</b>			
Principal Place of Business 320 188TH STREET SUNNY ISLES BEACH, FL 33160		Mailing Address 320 188TH STREET SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 16500 Collins Ave Suite, Apt. #, etc. 1551 City & State Sunny Isles Beach, FL Zip 33160		3. Mailing Address 16500 Collins Ave Suite, Apt. #, etc. 1551 City & State Sunny Isles Beach, FL Zip 33160	
		4. FEI Number 06-1653313 22172	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, IRA R 16375 NORTHEAST 18TH AVENUE SUITE 225 NORTH MIAMI BEACH, FL 33162		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 installing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D FRANZ, YANA 320 188TH STREET SUNNY ISLES BEACH, FL 33160		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D FELDMAN, GREGORY 320 188TH STREET SUNNY ISLES BEACH, FL 33160		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date 4/25/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)