2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 8:00 am Secretary of State DOCUMENT # P02000116536 1. Entity Name 02-11-2004 90003 033 ***150.00 REDPIN DESIGN, INC. Principal Place of Business Mailing Address 2561 S. OCEAN BLVD. 2561 S. OCEAN BLVD. **BOCA RATON FL 33432** BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address <u>631 SW 18th St</u> 631 SW 18th Ct Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 13-4218119 BOCA RATON BOCA RATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JASON VIELAUTI VILLANTI, JASON Street Address (P.O. Box Number is Not Acceptable) 2561 S OCEAN BLVD 631 SW 18th St. **BOCA RATON FL 33432** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE VILLANTI, JASON VILLANTI, JASON NAME NAME 631 SW 18th St. STREET ADDRESS 2561 S. OCEAN BLVD., #5 STREET ADDRESS BOCA RATION, FL 33486 BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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. JASON VILLAND SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED