2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-04-2004 90087 018 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000091967

1. Entity Name
REDOM IMPERIAL CORPORATION

Principal Place of Business	Mailing Address
1627 BRICKELL AVE UNIT 2003 MIAMI FL 33129	1627 BRICKELL AVE UNIT 2003 MIAMI FL 33129

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 73-1694788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCLUMACHTENBERG, LEE C
1533 SUNSET DRIVE STE 201
CORAL GABLES FL 33143

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 ______
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
Make Check Payable to Florida Department of State

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	VICE PRES.-TREASURER-SECR. ☒ Change ☐ Addition
NAME	MORROS, MANUEL P	NAME	MANUEL C. PENA-MORROS
STREET ADDRESS	1627 BRICKELL AVE UNIT 2003	STREET ADDRESS	1627 BRICKELL AV. #2003
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	MIAMI, FL. 33129
TITLE	☐ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		NAME	ROSA MARIA REEVES
STREET ADDRESS		STREET ADDRESS	1627 BRICKELL AV. #2207
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL. 33129
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
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.

ROSA MARIA REEVES
SIGNATURE: Rosa Ma. Reeves, President — January 26, 04 — 305-285-4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #