

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90040 039 ***150.00

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DOCUMENT # P03000091967			
1. Entity Name REDOM IMPERIAL CORPORATION			
Principal Place of Business 1627 BRICKELL AVE UNIT 2003 MIAMI, FL 33129		Mailing Address 1627 BRICKELL AVE UNIT 2003 MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address 1627 BRICKELL AV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2207	
City & State		City & State MIAMI, FL.	
Zip	Country	Zip	Country
33129	USA	33129	USA
4. FEI Number 73-1694788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 SCHMACHTENBERG LEE C. 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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	VPTS DENA-MORROS, MANUEL C 1627 BRICKELL AVE UNIT 2003 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PENA-MORROS, MANUEL C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, ROSA MARIA 1627 BRICKELL AVE #2207 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Rosa Maria Reeves</u>		Feb. 22, 2005 (305) 285-4845	
ROSA MARIA REEVES			