2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State
01-10-2006 90027 027 ***150.00

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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 2207 MIAMI, FL 33129

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	1627 BRICKELL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2207
City & State	City & State MIAMI, FL.
Zip / Country	Zip 33129 / Country USA

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

SCHMACHTENBERG, 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, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTS PENA-MORROS, MANUEL C 1627 BRICKELL AVE UNIT 2003 MIAMI, FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1627 BRICKELL AVE. APT. 2207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REEVES, ROSA MARIA 1627 BRICKELL AVE. #2207 MIAMI, FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rosa Ma. Reeves January 6, 06 305-285-4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROSA MARIA REEVES