


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90047 034 \*\*\*150.00

|   |   |
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| <b>DOCUMENT # P03000130784</b>                |  |
| 1. Entity Name<br><b>RED CORRIANDER CORP.</b> |   |

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|---|---|
| Principal Place of Business<br><b>537 VENICE AVENUE EAST<br/>SUITE B<br/>VENICE, FL 34285</b> | Mailing Address<br><b>537 VENICE AVENUE EAST<br/>SUITE B<br/>VENICE, FL 34285</b> |
|---|---|

**40050167**



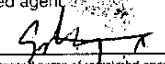
|   |         |  |                         |
|---|---------|--|-------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br><b>11999 DELEON DR.</b><br>Suite, Apt. #, etc. |                         |
| City & State  |         | City & State<br><b>NORTH PORT FL.</b>                                |                         |
| Zip   | Country | Zip<br><b>34287</b>  | Country<br><b>U.S.A</b> |

01112005 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>32-0095414</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

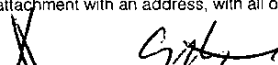
|   |  |
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| 6. Name and Address of Current Registered Agent<br><b>KIM, SITHANARY<br/>4063 FONSIKA AVE.<br/>NORTH PORT, FL 34287</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name<br><b>KIM SITHANARY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11999 DELEON DR.</b><br>City<br><b>NORTH PORT FL</b> Zip Code<br><b>34287</b> |  |
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| 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<br>  | DATE<br><b>4-6-05</b> |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KIM, SITHANARY<br>300 MIAMI AVE. WEST<br>VENICE, FL 34285 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>KIM SITHANARY<br>11999 DELEON DR.<br>NORTH PORT FL. 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KIM, KANARY<br>300 MIAMI AVE. WEST<br>VENICE, FL 34285 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>KIM KANARY<br>11999 DELEON DR.<br>NORTH PORT FL. 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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<br><b>4-6-05</b> Daytime Phone<br><b>941-484-8050</b> |