2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140129

Name:

Address:

City-St-Zip:

Ait Name: DEDEONE COMMUNICATION

FILED Feb 04, 2004 Secretary of State

| Entity Na | me: REDFON | IE COMMUNICATIONS, INC. | | | | |
|---|--|----------------------------------|--|---|---|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
| 14380 SW MIAMI, FL | 139TH COUR 33186 US | ?T | | | | |
| Current N | lailing Addres | ss: | New Mailing Address: | | | |
| 14380 SW MIAMI, FL | 139TH COUR 33186 US | T | | | | |
| FEI Number | : 20-0433260 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| 1201 HAY | ATION SERVIO S STREET SSEE, FL 323 | CE COMPANY 01 US | | | | |
| | e named entity e of Florida. | submits this statement for the p | purpose of changing i | ts registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| | Electron | nic Signature of Registered Ag | ent | | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | D (LYNN, SEPHEI 14380 SW 139 MIAMI, FL 331 | TH COURT | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | | ()Change(X)Addition LUIS C AVENUE, APT 1111 CH, FL 33139 | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | D SEGREDO, 1501 BELL CORAL GA | | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | D COCALIDE 7921 SW 1 MIAMI, FL | 43 STREET | |
| Title: | (|) Delete | Title: | D | () Change (X) Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ANLLO, GUILLERMO

1480 EUCLID AVENUE MIAMI BEACH, FL 33139

SIGNATURE: STEPHEN LYNN D 02/04/2004