

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000171139

1. Entity Name
REDLAND VENTURES, INC.



Principal Place of Business

21600 SW 152ND AVE.
MIAMI, FL

Mailing Address

21600 SW 152ND AVE.
MIAMI, FL



04252008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-2048261

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRUENINGER AND PUJOL, P.A.
267 MINORCA AVENUE
SUITE 100
CORAL GABLES, FL 33134

DO NOT WRITE
IN THIS SPACE

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

4/25/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASTELLANOS, LUIS A
STREET ADDRESS 21600 SW 152ND AVE.
CITY-ST-ZIP MIAMI, FL 33170

TITLE VS
NAME CASTELLANOS, LUIS
STREET ADDRESS 195 PANNANE DR
CITY-ST-ZIP HIALEAH, FL 33010

TITLE T
NAME CASTELLANOS, GISELA
STREET ADDRESS 21600 SW 152 AVE
CITY-ST-ZIP MIAMI, FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

U000000930992
05/21/08-80133-003 300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

Daytime Phone #

786-473-4277