2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # P93000056023 03-31-2004 90002 006 ***163.75 REDES INVESTMENT GROUP, INC. Principal Place of Business Mailing Address %JOSE M. REVUELTA PO BOX 65-1621 3157 S.W. 111TH AVE. MIAMI, FL 33265 IIS 54024345 MIAMI, FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0427939 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEVUE L/A REVUELTA, JOSE M 3157 SW 111TH AVE Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD., SUITE 1150 MIAMI, FL 33165 7 5 W 111 AVE. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change REVUELTA, JOSE M NAME NAME STREET ADDRESS 3157 S.W. 111TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP πц ☐ Delete TITLE ☐ Change ☐ Addition **GUERRERO, EVARISTO** NAME NALE STREET ADDRESS VIA TANGANICA BJ2 BOSQUE DE LAGO ENCANTADA STREET ADDRESS CITY-ST-ZIP TRUJILLO ALTO, PUERTO RICO, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIGUEL DE LA SOTA NAME STREET ADDRESS 1715 SEGRE ST. STREET ADDRESS CITY-ST-ZIP RIO PIEDRAS HEIGHTS, P. 00926 CITY-ST-ZIP TITLE ☐ Delete MIF Change ■ Addition MIGUEL A. ARIAS NAME STREET ADDRESS 473 BLANDING BLVD. STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

JOSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. REVUELTA, P. 3-24-04

FILED