2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000056023

1. Entity Name
REDES INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
%JOSE M. REVUELTA 3157 S.W. 111TH AVE. MIAMI, FL 33165	PO BOX 65-1621 MIAMI, FL 33265 US

04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0427939
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REVUELTA, JOSE M
3157 SW 111TH AVE.
MIAMI, FL 33165

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	REVUELTA, JOSE M
STREET ADDRESS	3157 S.W. 111TH AVE.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP
NAME	GUERRERO, EVARISTO
STREET ADDRESS	VIA TANGANICA BJ2 BOSQUE DE LAGO ENCANTADA
CITY-ST-ZIP	TRUJILLO ALTO, PUERTO RICO,
TITLE	S
NAME	MIGUEL DE LA SOTA
STREET ADDRESS	1715 SEGRE ST.
CITY-ST-ZIP	RIO PIEDRAS HEIGHTS, P. 00926
TITLE	T
NAME	MIGUEL A. ARIAS
STREET ADDRESS	473 BLANDING BLVD.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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.

SIGNATURE: Jose M Revuelta JOSE M. REVUELTA 4-22-05 305-225-9225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #