

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

06-22-2007 90001 040 \*\*\*163.75

**DOCUMENT # P93000056023**

1. Entity Name  
**REDES INVESTMENT GROUP, INC.**



Principal Place of Business

**%JOSE M. REVUELTA**  
**3157 S.W. 111TH AVE.**  
**MIAMI, FL 33165**

Mailing Address

**PO BOX 65-1621**  
**MIAMI, FL 33265 US**

40161911



06092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0427939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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: Jose M Revuelta : **JOSE M. REVUELTA, Pres.** 5-31-07 305-225-9225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #