2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P93000056023

Entity Name

REDES INVESTMENT GROUP, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

%JOSE M. REVUELTA 3157 S.W. 111TH AVE.

MIAMI, FL 33165

Mailing Address

PO BOX 65-1621 MIAMI, FL 33265

, 5 US



04012008

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0427939

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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.
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(NOTE: Registered Agent aignature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000686263 04/18/08-80048-024 158.75

DATE

After May 1, 2000 Fee Will be \$550.00			
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 LI TRUJILLO ALTO, PUERTO RICO,	AGO ENCANTADA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIGUEL DE LA SOTA 1715 SEGRE ST. RIO PIEDRAS HEIGHTS, P. 00926		
TITLE HAME 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-SI-ZIP			

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12. I hereby certify that the information supplied with this filling 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:

Josem Reventla: President

4-3-08

305-225-9215

Date

Devime Phone i