## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) P93000056023 **DOCUMENT #** 1. Entity Name



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May	05,	200	38	:00	am
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		20727.02			

REDES IN	NVESTME	NT GROUP, INC.				05 05 2005	J0727 031	. 130	.,,
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							
2. Principal F	Place of Busin	ess	3. Mailing Address				)    6831   <b>1816</b>		
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te		City & State			4. FEI Number 65-0427939			pplied For ot Applicable
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired	TE S	8.75 Add ee Require	ditional
	6. Name	and Address of Current	Registered Agent			.7. Name and Address of New I	Registered A	gent	
					Name	<u>-</u>			
REVUELTA, JOSE M 3157 SW 111TH AVE.				Street Address	(P.O. Box Number is Not Acceptable	e)			
999 PONO	CE DE LEON	N BLVD., SUITE 1150		!					
MIAMI FL 33165			٠	City	<del></del>	FL	Zip Cod	le	
8. The above the obliga	named entity tions of regist	y submits this statement for ered agent.	or the purpose of chang	ing its registere	ed office or registe	ered agent, or both, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATÜRE	Signature, type	or punted name of egistered agent	and title if applicable.	(NOTE: Registere	d Agent signature require	od when reinstating)	DATE		e .
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	of State			9. Election Campaign Fi Trust Fund Contribution			00 May Be d to Fees
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	Р		☐ Delete	TITLE				☐ Change	Addition
NAME	REVUELTA			NAMI	;				1
STREET ADDRESS CITY-ST-ZIP	3157 S.W. MIAMI FL :	111TH AVE. 33165			ET ADDRESS -ST-ZIP				
TITLE	VP		☐ Delete	TITLE	:			Change	☐ Addition
NAME		D, EVARISTO		NAMI	l				
STREET ADDRESS		ANICA BJ2 BOSQUE D	de lago encantad		ET ADDRESS - ST- ZIP				
CITY-ST-ZIP	TRUJILLO	ALTO, PUERTO RICO							
NAME.	S	T 1 4 00T4	- Delete	TITLE NAME		÷.		Change	☐ Addition (
STREET ADDRESS	1715 SEGI	E LA SOTA			ET ADDRESS				
CITY-ST-ZIP		AS HEIGHTS P. 00926	3		-ST-ZIP				(
TITLE	T	7.10_1,1 <u>2.10.1.10 1 : 0002.</u>	☐ Delete	TITLE	:			☐ Change	Addition
NAME	MIGUEL A	. ARIAS		NAME	Ε				
STREET ADDRESS		ding blvd.			ET ADDRESS				
CITY-ST-ZIP	ORANGE F	PARK FL 32073		CITY-	-ST-ZIP				
TITLE			☐ Delete		l			Change	☐ Addition
NAME	1			. NAM	: 1				
	l .			OTDE	l				,
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				`
STREET ADDRESS			☐ Delete	CITY-	ET ADDRESS -ST-ZIP		<del></del> -	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY- TITLE NAME	ET ADDRESS -ST-ZIP			☐ Change	☐ Addition

12. Thereby 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: