Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038767

1. Corporation Name

RED ROAD GAS & OIL CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

17600 N. BAY ROAD, #702 NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

17600 N. BAY ROAD. #702 NORTH MIAMI BEACH FL 33160

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90132 009 ***150.00



DO NOT WRITE IN THIS SPA	C	E
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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/02/1996 4. FEI Number

65-0766954

City & State	9	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		□No
24	25		30		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regist	erea Agent	
KALI	CHMAN DAVID		01	Name			
Kalichman, David 17600 N. Bay Road, #702				82 Street Address (P.O. Box Number is Not Acceptable)			
NORTH MIAMI BEACH FL 33160			_				
NOR	ITT WILAMIT DEACTT I E 33 100		83			•	}
į			84	City		85 Zip C	ode
						FL 55	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-named corporation	oration submits this statement for the purpo n's board of directors. I hereby accept the	ise of changing its appointment as rec	registered iistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flor	ida Statutes		on a board of directors. The easy accept in		,
SIGNATURE	_		•				
OIOINATORE	Signature, typed or printed name of registered agent a			nt signature required	o wilding,	TE AND DIDECTO	DC 131 42
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	D DAYED	☐ DELETE	1.1 TITLE			□ Glialige	
NAME	KALICHMAN, DAVID		1.2 NAME				
STREET ADDRESS	17600 N. BAY ROAD, #702		1.3 STREE	TADDRESS			l
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY-S	T-ZIP			□ A delition
mre (D	DELETE	2.1 TITLE	İ		☐ Change	☐ Addition
NAME	KUSHNIR, SVETLANA		2.2 NAME				
STREET ADDRESS	17600 N. BAY ROAD, #702		2.3 STREE	TADDRESS			ĺ
CITY-ST-ZIP	- NORTH MIAMI BEACH FL-33160		2.4 CITY-5	ST-ZIP ·	<u>a ang ang ang ang ang ang ang ang ang an</u>	· · ·	
TITLE .	D	☐ DELETE	3.1 TITLE	1		☐ Change	☐ Addition
NAME	VINBAYTEL, NATHAN		3.2 NAME		•		
STREET ADDRESS	17600 N. BAY ROAD, #702		3.3 STREE	TADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		3.4. CITY+5	ST-ZIP	<u></u>		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	-			
STREET ADDRESS			4.3 STREE	TADDRESS			1
CITY-ST-ZIP	_		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	; 		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREE	TADDRESS		•	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			}

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.