


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 002 ***150.00

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| DOCUMENT # P96000049964 |  |
| 1. Entity Name RED COMPLETE SYSTEMS, INC. | |

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|---|---|
| Principal Place of Business 2315 NW 107 AVE SUITE 1M-33 MIAMI FL 33172 US | Mailing Address P.O. BOX 226347 MIAMI FL 33122 US |
|---|---|

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|--|---------------------|
| 2. Principal Place of Business 2315 NW 107 AVE | 3. Mailing Address |
| Suite, Apt. #, etc. 1M-31 | Suite, Apt. #, etc. |

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|-----------------------------------|--------------------------------|
| City & State DORAL - FL | City & State |
| Zip 33172 | Country MIAMI - DADE |

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|---|--|--|
| 4. FEI Number 65-0672139 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent PELLISSERY, JOE J 1857 N.W. 96TH AVENUE PLANTATION FL 33322 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 reactivating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **01/31/06 7868450001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #