
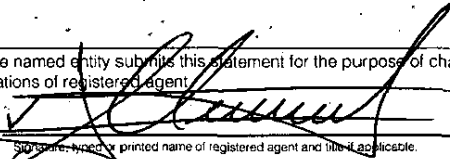
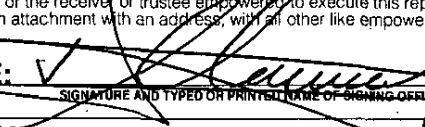


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90039 038 \*\*\*150.00

<b>DOCUMENT # P98000098701</b>			
1. Entity Name <b>REDECOMSA, INC.</b>			
Principal Place of Business <del>4521 NW 2ND ST.</del> <b>MIAMI, FL 33126</b> US		Mailing Address <del>4521 NW 2ND CT.</del> <b>MIAMI, FL 33126</b> US	
2. Principal Place of Business <b>10740 NW 16 CT.</b>		3. Mailing Address <b>10740 NW 16 CT.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PLANTATION, FL</b>		City & State <b>PLANTATION, FL</b>	
Zip <b>33322</b>	Country <b>USA</b>	Zip <b>33322</b>	Country <b>USA</b>
4. FEI Number <b>65-0914418</b>		Applied For 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		7. Name and Address of New Registered Agent	
<b>SANTANA, MARTIN A</b> <del>4521 NW 2ND ST.</del> <b>MIAMI, FL 33126</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>10740 NW 16 CT.</b> City <b>PLANTATION</b> FL Zip Code <b>33322</b>	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>P</b> <b>SANTANA, MARTIN A</b> <del>4521 NW 2ND ST.</del> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>10740 NW 16 CT.</b> <b>PLANTATION, FL 33322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VT</b> <b>CASTRO DE SANTANA, SONNYA</b> <del>4521 NW 2ND ST.</del> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>10740 NW 16 CT.</b> <b>PLANTATION, FL 33322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
12. 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 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 an other like empowered.			
SIGNATURE: 		<b>Martin A. Santana</b> 4/15/04 (305) 975- <b>President</b> Date Daytime Phone # <b>7208</b>	