DOCUMENT # P9900064628  1. Entity Name RED ROAD STATION CORP.					FILED Jan 16, 2001 8:00 am Secretary of State			
Principal Plac	ce of Business	Mailing Address			01-16-2001 90003 022 ***150.00			
2940 S MIAMI AVE MIAMI FL 33129		2940 S MIAMI AVE MIAMI FL 33129						
2. Principal F	Place of Business SW 57 Ave.	3. Mailing Address	n e					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Miami		City & State		4. FEI Numbe	r 65-0943069	<b> </b>	pplied For ot Applicable	-
3314	Country	Zip	Country		of Status Desired	\$8.75 Ad Fee Require		]
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and	Address of New Registe	red Agent	·	╣.
777 Sun	ARES, IRMA BRICKELL AVE TE 500			ss (P.O. Box Numbe	r is Not Acceptable)			     
MIA	MI FL 33131		City			FL Zip Cod	le	
SIGNATURE	e named entity submits this statement for the st	- r cs - P O Z title if applicable (NOTE: F	Registered Agent signature req	uired when reinstating)		ATE S O	00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200 Make Check Payable	Fee will be \$550.0 to Department of \$	O Tru: State	st Fund Contribution.	☐ Added	d to Fees	
11.	OFFICERS AND DI		12.	ADDITIONS/	CHANGES TO OFFICERS	AND DIRECTOR  Change	S IN 11	10
NAME STREET ADDRESS CITY-ST-ZIP	ATIENZA, EDUARDO 9240 S.W. 64 AVE. MIAMI FL 33173	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			∐ Change	L] Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRESNEDA, OTTO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLARES, JOSE 2940 S MIAMI AVE MIAMI FL 33129	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, ANTONIO 3631 SW 132ND CT MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLGUEIRA, BASILO J 11391 SW 64 ST MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall have to	he same legal effect	as if made under oath: th	at I am an officer	or director	

SIGNATURE: