2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000064628

1. *Entity Name*
RED ROAD STATION CORP.

Principal Place of Business	Mailing Address
7375 SW 57 AVE MIAMI, FL 33143	7375 SW 57 AVE. MIAMI, FL 33143

01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0943069
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLARES, IRMA
777 BRICKELL AVE
SUITE 500
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ATIENZA, EDUARDO
STREET ADDRESS	9240 S.W. 64 AVE.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	ST
NAME	FRESNEDA, OTTO
STREET ADDRESS	9145 S.W. 72 AVE., APT. 3
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	SOLARES, JOSE
STREET ADDRESS	2940 S MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	MORENO, ANTONIO
STREET ADDRESS	3631 SW 132ND CT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	FOLGUEIRA, BASILO J
STREET ADDRESS	11391 SW 64 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
03/03/06-80012-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, *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: Otto Fresneda 3/02/06 305-284-90
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #