

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000064628**

1. Entity Name  
**RED ROAD STATION CORP.**



Principal Place of Business

**7375 SW 57 AVE  
MIAMI, FL 33143**

Mailing Address

**7375 SW 57 AVE  
MIAMI, FL 33143**

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-P CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	

U000000620239  
02/09/07-80028-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/02/07* *305-284-9077*