


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000064628</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0943069	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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

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

U00000852505  
 03/26/08-80032-004 150.00

**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* 3/23/08 305-284-9077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #