

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005603

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC5782780596**

**Entity Name:** RED CHEMISTRY INC.

**Current Principal Place of Business:**

3240 MARY STREET  
PHS1  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3240 MARY STREET  
PHS1  
COCONUT GROVE, FL 33133 US

**FEI Number:** 71-1005467

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAMBERT, ISABELLE  
3240 MARY STREET  
PHS1  
COCONUT GROVE, FL 33133 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BRENNER, NATHALIE  
Address        3240 MARY STREET  
                  PHS1  
City-State-Zip: COCONUT GROVE FL 33133

Title           PRESIDENT  
Name           ELLEK, CARLA  
Address        3801 N.MIAMI AVENUE  
                  #34  
City-State-Zip: MIAMI FL 33127

Title           ED  
Name           LAMBERT, ISABELLE  
Address        3240 MARY STREET  
                  PHS1  
City-State-Zip: COCONUT GROVE FL 33133

Title           SECRETARY  
Name           ALVAREZ, BETTY  
Address        300 SEVILLA AVE. #305  
                  #34  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           MORRIS, URAL  
Address        4719 NE MIAMI CT.  
City-State-Zip: MIAMI FL 33137

Title           DIRECTOR  
Name           SUN, NING  
Address        3240 MARY STREET  
                  PHS1  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ISABELLE LAMBERT

**ED**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date