

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031111

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** 599 RED ROAD CORPORATION

**Current Principal Place of Business:**

1039 HARDEE ROAD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

4615 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1039 HARDEE ROAD  
CORAL GABLES, FL 33146

**New Mailing Address:**

4615 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**FEI Number:** 65-1114558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMBROS, MARIA L  
1039 HARDEE ROAD  
CORAL GABLES, FL 33146 US

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

AMBROS, MARIA L  
4615 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146 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

03/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PPTS  
Name: AMBROS, MARIA L  
Address: 4615 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: JARP, ANA M  
Address: 4615 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: AMBROS, LUISA  
Address: 4615 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA L AMBROS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/16/2011

\_\_\_\_\_  
Date