

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000031111**  
 1. Entity Name  
 599 RED ROAD CORPORATION



Principal Place of Business 420 SO DIXIE HWY SUITE 4D CORAL GABLES, FL 33146	Mailing Address 420 SO DIXIE HWY SUITE 4D CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1114558	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  
 JARP, GEORGE  
 420 SO DIXIE HWY SUITE 4D  
 CORAL GABLES, FL 33146

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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PTD JARP, GEORGE 420 SO DIXIE HWY SUITE 4D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JARP, MARILU 420 SO DIXIE HWY SUITE 4D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROS, LUISA 420 S DIXIE HIGHWAY SUITE 4D CORAL GABLES, FL 33146
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000000024200  
 02/02/04-80056-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Marilyn Jarp, V.P. Marilyn Jarp 1/28/04 (305) 663-2711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #