

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031111

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: 599 RED ROAD CORPORATION

## Current Principal Place of Business:

420 SO DIXIE HWY SUITE 4F  
CORAL GABLES, FL 33146

## New Principal Place of Business:

1039 HARDEE ROAD  
CORAL GABLES, FL 33146

## Current Mailing Address:

420 SO DIXIE HWY SUITE 4F  
CORAL GABLES, FL 33146

## New Mailing Address:

1039 HARDEE ROAD  
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:

JARP, GEORGE  
420 SO DIXIE HWY SUITE 4F  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

AMBROS, MARIA L  
1039 HARDEE ROAD  
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: MARIA LUISA AMBROS

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: JARP, GEORGE  
Address: 420 SO DIXIE HWY SUITE 4F  
City-St-Zip: CORAL GABLES, FL 33146

Title: VT ( ) Delete  
Name: JARP, MARILU  
Address: 420 SO DIXIE HWY SUITE 4F  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: JARP, MARY  
Address: 420 S DIXIE HIGHWAY SUITE 4F  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change ( ) Addition  
Name: AMBROS, MARIA L  
Address: 1039 HARDEE ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change ( ) Addition  
Name: JARP, ANA M  
Address: 1039 HARDEE ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change ( ) Addition  
Name: AMBROS, LUISA  
Address: 1039 HARDEE ROAD  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA LUISA AMBROS

PVTs

04/24/2007

Electronic Signature of Signing Officer or Director

Date