


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000031111	
1. Entity Name 599 RED ROAD CORPORATION	

Principal Place of Business 1039 HARDEE ROAD CORAL GABLES, FL 33146	Mailing Address 1039 HARDEE ROAD CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1114558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBROS, MARIA L
 1039 HARDEE ROAD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000922435
 02/19/08-80068-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS AMBROS, MARIA L 1039 HARDEE ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARP, ANA M 1039 HARDEE ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROS, LUISA 1039 HARDEE ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Maria L. Ambros MARIA L Ambros 1/29/08 305-662-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #