## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000045790 04-30-2004 90224 045 \*\*\*150.00 REDWERKS TECHNOLOGIES, INC. Mailing Address Principal Place of Business 34074131 1954 NE 149 ST 1954 NE 149 ST NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 CR2E034 (10/03) Cha-P 4. FEI Number 7584 City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN A., SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR 1954 N.E. 149 STREET MIAMI, FL 33145 FL 8. The above period 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 ions of regist red ager SIGNAT (NOTE: Registered Agent signature required when reinstaling) ted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSD** Addition TITLE ☐ Delete TITLE ARTHUR, SOUND A., SR 1954 N.E. 149 STREET ARTHUR, JOHN A JR NAME NAME 1954 NE 149 ST STREET ADDRESS STREET ADDRESS TH MIAMI, FL 33181 CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE ODDINAN, ROYSTON NI ODDMAN, ROYSTON M NAME NAME 1954 N.Z. 149 STREET STREET ADDRESS 1954 NE 149 ST STREET ADDRESS NORTH MIAMI, FL 33181 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accorate 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.

FILED