

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011492

FILED
Apr 29, 2005
Secretary of State

Entity Name: REDLAND PALMS HAMMOCK, INC.

Current Principal Place of Business:

21001 SW 167 AVENUE
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

21001 SW 167 AVENUE
MIAMI, FL 33187

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDBERG, NEAL L
2650 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HODGINS, TIMOTHY J
Address: 21001 SW 167 AVENUE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: COLLAZO, RICARDO
Address: 21001 SW 167 AVENUE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: CAMARAZA, JORGE
Address: 21001 SW 167 AVENUE
City-St-Zip: MIAMI, FL 33187

Title: D (X) Delete
Name: RODRIGUEZ-FIOL, MANUEL
Address: 21001 SW 167 AVENUE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICARDO COLLAZO

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date