


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90177 046 \*\*\*150.00

DOCUMENT # P96000067872		
1. Entity Name REDWOOD PROPERTIES, INC.		

Principal Place of Business 7727 SW 86 ST #409 MIAMI, FL 33143 US	Mailing Address 7727 SW 86 ST #409 MIAMI, FL 33143 US
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50035805



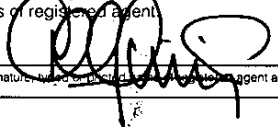
2. Principal Place of Business 7861 SW 103 PL	3. Mailing Address 7861 SW 103 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0697448	Applied For Not Applicable
Zip 33173	Country US	Zip 33173	Country US

6. Name and Address of Current Registered Agent MUNIZ, CARLOS A 7727 SW 86 ST #409 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name MUNIZ, CARLOS A. Street Address (P.O. Box Number is Not Acceptable) 7861 SW 103 PL City MIAMI FL Zip Code 33173	
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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.

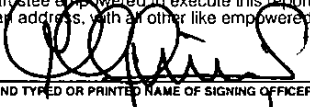
SIGNATURE  CARLOS MUNIZ 4/8/2005 DATE

Signature of authorized officer or director, or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNIZ, CARLOS A 7727 SW 86 ST #409 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNIZ, CANO J J 7727 SW 86 ST #409 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNIZ, CIRA S 7727 SW 86 ST #409 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNIZ, MARIA E 7727 SW 86 ST #409 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:  4/8/2005 (305) 412-9218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #