



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2007 08:00 A
Secretary of State

DOCUMENT # P96000067872 1. Entity Name REDWOOD PROPERTIES, INC.	
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Principal Place of Business 7864 SW 103 PL MIAMI, FL 33173 US	Mailing Address 7864 SW 103 PL MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE



05252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0697448	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

**MUNIZ, CARLOS A
7861 SW 103 PL
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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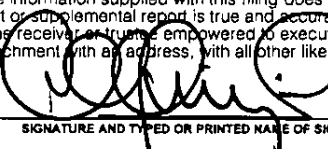
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNIZ, CARLOS A 7727 SW 86 ST #409 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNIZ, CANO J J 7727 SW 86 ST #409 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNIZ, CIRA S 7727 SW 86 ST #409 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNIZ, MARIA E 7727 SW 86 ST #409 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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06/08/07-80001-012 150.00

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:  **CARLOS MUNIZ** **05-25-07** **305-4902129**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #