

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000050052

1. Entity Name
REDWERKS GROUP, INC.



FILED

04 DEC -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1954 NORTHEAST 149TH STREET
NORTH MIAMI, FL 33181

Mailing Address
1954 NORTHEAST 149TH STREET
NORTH MIAMI, FL 33181

2. Principal Place of Business
1950 NORTHEAST 149th ST
Suite, Apt. #, etc.

3. Mailing Address
1950 NE 149th STREET
Suite, Apt. #, etc.

11162004 Chg-P CR2E034 (10/03)

City & State
N. MIAMI, FLORIDA
Zip
33181
Country
USA

City & State
N. MIAMI, FLORIDA
Zip
33181
Country
USA

4. FEI Number
65-0749453
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, JOHN A JR
1954 NE 149 STREET
N. MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
ARTHUR, JOHN A. JR
Street Address (P.O. Box Number is Not Acceptable)
1950 NE 149th ST
City
N. MIAMI FL Zip Code
33181

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

11/24/04

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ODDMAN, ROYSTON M	
STREET ADDRESS	1954 NORTHEAST 149TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	PS	<input type="checkbox"/> Delete
NAME	ARTHUR, JR., JOHN A	
STREET ADDRESS	1954 NE 149TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/04