


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000098134**

1. Entity Name  
**REDWOOD CONSTRUCTION INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>14333 SW 296 STREET<br/>         HOMESTEAD, FL 33033</b> | Mailing Address<br><b>14333 SW 296 STREET<br/>         HOMESTEAD, FL 33033</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CRZE034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0795991</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CAMPUZANO, FELIPE  
 14333 SW 296 STREET  
 HOMESTEAD, FL 33033**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CAMPUZANO, FELIPE<br/>14333 SW 296 STREET<br/>HOMESTEAD, FL 33033</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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 02/15/06-80053-001 150.00

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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: Felipe Campuzano **1-31-06**

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