


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90166 010 ***150.00

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1. Entity Name
RODRIGUEZ & MACHADO, P.A.



Principal Place of Business Mailing Address
101 MADEIRA AVENUE **101 MADEIRA AVENUE**
CORAL GABLES, FL 33134 US **CORAL GABLES, FL 33134 US**

14003391



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04212005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0660975 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN J
1000 BRICKELL AVE, SUITE 660
MIAMI, FL 33131-3014

7. Name and Address of New Registered Agent

Name **Rodriguez, Juan J.**
 Street Address (P.O. Box Number is Not Acceptable) **2333 Ponce de Leon Blvd**
Suite 303
 City **Coral Gables** FL Zip Code **33134**

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 *Juan J. Rodriguez* DATE **4/25/05**

Signature, typed or printed name of registered agent and, 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	MACHADO, CARLOS M	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 660	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN J	
STREET ADDRESS	1000 BRICKELL AVE, SUITE 660	
CITY-ST-ZIP	MIAMI, FL 33131	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 Madeira Ave	
STREET ADDRESS	101 Madeira Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2333 Ponce de Leon Blvd # 303	
CITY-ST-ZIP	Coral Gables, FL 33134	
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 lists empowered.

SIGNATURE: *Juan J. Rodriguez* DATE **4/25/05** Daytime Phone # **786-552-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR