2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 08:00 AM DOCUMENT # P98000105153 **Secretary of State** 1. Entity Name RODRIGUEZ J & C, INC. Principal Place of Business Mailing Address 100 LINCOLN ROAD 421 NW 109 AVE MIAMI BEACH FL 33139 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0882619 Not Applicable Zip Country Žio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 421 NW 109 AVE AP #8 MIAMI FL 33172 City Zip Code 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if explicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May B: Election Campaign Financing After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE HILLE Delete Change ☐ Additio NAME RODRIGUEZ, JUAN CARLOS NAME 421 NW 109 AVE., AP. #8 STREET ADDRESS STREET ADDRESS CiTY - ST - ZiP MIAMI FL 33172 CITY-ST-ZIP TITLE Delete TOTAL ☐ Change 🔲 Additio BRIGHTARRE NAME NAME 52701795-BBBS2-U13 (S6.90 STREET ADDRESS STREET ADDRESS CITY ST-ZIP OF CISTURE TITLE ☐ Delete TITLE Change Addita NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ance Change ☐ Delete Addin. NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete THLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addish NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 turther certify that the information indicated on this report or supplemental report is the analysis and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED