2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90157 043 ***150.00

DOCUMENT # M33723

1. Entity Name
JULIAN J. RODRIGUEZ, P.A.

Principal Place of Business	Mailing Address
C/O JULIAN J. RODRIGUEZ 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134	C/O JULIAN J. RODRIGUEZ 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134

03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
95 Merrick Way	95 Merrick Way
Suite, Apt. #, etc.: 250	Suite, Apt. #, etc.: 250
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 59-2688392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JULIAN J. 2801 PONCE DE LEON BLVD. STE 1000 CORAL GABLES, FL 33134	Name: Street Address (P.O. Box Number is Not Acceptable): 95 Merrick Way suite 250 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 ______________________
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	RODRIGUEZ, JULIAN J.	NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD STE 1000	STREET ADDRESS	95 Merrick Way, ste. 250
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: Julian J. Rodriguez [signature] 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #