


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90031 013 ***150.00

DOCUMENT # F03000004604

1. Entity Name
RODRIGUEZ O'DONNELL ROSS FUERST GONZALEZ & WILLIAMS, P.C.



Principal Place of Business Mailing Address

1001 BRICKELL BAY DRIVE, SUITE 1804 1001 BRICKELL BAY DRIVE, SUITE 1804
 1804 MIAMI, FL 33131
 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address

1001 Brickell Bay Drive *1001 Brickell Bay Drive*

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

Suite 2002 *Suite 2002*

City & State City & State

Miami, Fl *Miami, Fl*

Zip Country Zip Country

33131 *U.S.A.* *33131* *U.S.A.*



03082005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

52-2206644 Not Applicable

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

6. Name and Address of Current Registered Agent

FUERST, MITCHELL S. ESQ.
C/O RODRIGUEZ O'DONNELL, ET AL
1001 BRICKELL BAY DRIVE, SUITE 1804
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1001 Brickell Bay Drive, Suite 2002

City State Zip Code

Miami **FL** *33131*

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, 2005 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, R. KEVIN | NAME | |
| STREET ADDRESS | 20 N. WACKER DRIVE, SUITE 1416 | STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FUERST, MITCHELL S | NAME | |
| STREET ADDRESS | 1001 BRICKELL BAY DRIVE, SUITE 1804 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33131 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR