## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **FILED** May 03, 2004 08:00 AM Secretary of State

DOCUMENT	# 59/29
1, Entity Name	

RHODES APARTMENTS, CO.



Principal Place of Business

% FRED RHODES, JR 175 SW 14TH AVENUE HOMESTEAD, FL 33030 Mailing Address

% FRED RHODES, JR 175 SW 14TH AVENUE HOMESTEAD, FL 33030



03242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2164631

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, FRED, JR 175 SW 14TH AVENUE HOMESTEAD, FL 33030

SIGNATURE:

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04-21-04

Fred Rhodes, Jr.

305-248-4360

Caylene Phone #

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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 Signature. Niped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees	-		
10.	OFFICERS AND DIREC	TORS	Γ -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODES, FRED JR 175 SW 14TH AVENUE HOMESTEAD, FL 00000,					
NAME STREET ADDRESS CITY ST-ZIP	DS RHODES, JOY LEE 175 SW 14TH AVENUE HOMESTEAD, FL 00000,				THE STATE OF THE S	
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 like empowered.						

HSIGNING OFFICER OR DIRECTOR