


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90134 001 \*\*\*150.00

<b>DOCUMENT # F59729</b> 1. Entity Name RHODES APARTMENTS, CO.	
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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
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2. Principal Place of Business 101 N.W. 21st Street Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 901424 Suite, Apt. #, etc.
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City & State Homestead, FL	City & State HOMESTEAD, FL
Zip 33030-3228	Country Miami-Dade
Zip 33090-1424	Country Miami-Dade

6. Name and Address of Current Registered Agent RHODES, FRED, JR <del>175 SW 14TH AVENUE</del> 101 N.W. 21st Street <del>HOMESTEAD, FL 33030</del> Homestead, FL 33030-3228	
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04102006 Chg-P CR2E034 (11/05)

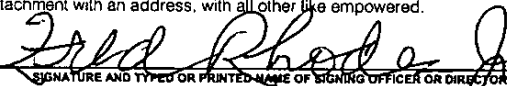
4. FEI Number 59-2164631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 101 N. W. 21st Street	
City Homestead	
FL	Zip Code 33030-3228

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 	Fred Rhodes, Jr. Pres. 04-11-06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODES, FRED JR 175 SW 14TH AVENUE HOMESTEAD, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N.W. 21st STREET Homestead, FL 33030-3228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RHODES, JOY LEE 175 SW 14TH AVENUE HOMESTEAD, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N.W. 21st Street Homestead, FL 33030-3228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Fred Rhodes, Jr. 04-11-06 305-247-7230