2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90957 033 ***150.00
1. Entity Nar	MENT # F6059	1		03-03-2003 90937 035 *** 130.00
Principal Place of Business % RENE J. RODRIGUEZ 592 SW 27TH AVE. MIAMI FL 33135		Mailing Address % RENE J. RODRIGUEZ 592 SW 27TH AVE. MIAMI FL 33135		
2. Principal Place of Business		3. Mailing Address	•	T TO BUILD THE REPORT BUILD DEFINE REPORT AND THE OTHER BUILD DEFINE COULD BUILD DEFINE OUT .
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & Sta	te	City & State		4. FEI Number 59-2516088 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired  S8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Audress of New Registered Agent
RODRIGU	iez, rene j.	<u> </u>	Name.	
	592 SW 27TH AVE.			(P.O. Box Number is Not Acceptable)
, Miami Fl	. 33135			
·			City	FL Zip Code
	a named entity submits this statement for tions of registered agent.	the purpose of changing its	a registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		<u></u>		
	Signature, typed or printed name of registered agent a	nd title if applicable. [NO]	E: Registered Agent signature required	D when reinstaling) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. NR.E	OFFICERS AND E		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	RODRIQUEZ, RENE J. M.D. 592 JSW. 27 AVE.		NAME STREET ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL	Delete	CITY-ST-ZIP TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
FITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	
NTLE NAME STREET ADDRESS City-St-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change C Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🛄 Addition
changed,	or on an attachment with an address, w	rerea to execute this report	as required by Unapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	STATURE AND TYPED OR PR	NTED NAME OF SIGNING OFFICER	DR DIRECTOR	Date Daytime Phone #