

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # G15894

1. Entity Name
OSCAR S. RODRIGUEZ, P.A.



Principal Place of Business
**2151 S. LE JEUNE ROAD
MEZZANINE
CORAL GABLES, FL 33134**

Mailing Address
**2151 S. LE JEUNE ROAD
MEZZANINE
CORAL GABLES, FL 33134**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2254086

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, OSCAR S
2151 S. LE JEUNE ROAD
MEZZANINE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

4/3/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000882087
04/16/08-80026-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
RODRIGUEZ, OSCAR S
STREET ADDRESS
2151 S. LE JEUNE ROAD
CITY - ST - ZIP
CORAL GABLES, FL 33134

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 (305) 445-2000

Daytime Phone #