2005 FOR PROFIT CORPORATION . ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

ANNUAL REPURI					Secretary of State			
DOCUM 1. Entity Name	MENT # H99168			<u> </u>	Se	crei	ary of Stat	
	RODRIGUĒZ, P.A.			E E				
Principal Place	of Business	Mailing Address		1				
2240 PALM F	BEACH LAKES BLVD STE 200 BEACH, FL 33409	2240 PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33409) STE 200	1				
	11 WAY (18 WAY)	T 1 42 3						
				02142005	No Chg-P	CR2E	E034 (10/03)	
D	O NOT WRITE	IN THIS SPACE	注	4. FEI Numbe			Applied For	
			• •	59-269	7739		Not Applicable	
1		TO STATE OF STATE STATE	And Challes on the Section of the Sec	5. Certificate	of Status Desired	X	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent						
2240 PALI	EZ, JOSE G. M BEACH LAKES BLVD STE 20 LM BEACH, FL 33409	00	A second		NOT W			
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its registere	d office or registe	ired agent, or bo	th, in the State of Fi	orida. I ar	n familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd tille if applicable. [NOTE Registered	l Agent signature require	d when reinstating)	et "A.".	DATE	,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		1	9. Election Campaign Financing \$5.00 Trust Fund Contribution.			···		
10.	OFFICERS AND I	DIRECTORS		and the second s				
TITLE	SPD	7 - 2 . *			····	<u></u>		
NAME	RODRIGUEZ, JOSE G.				1 Managa	بوعي فيود بسادفيها	A	
STREET ADDRESS	2240 PALM <u>BC</u> H LKS BL 200				U00000			
CITY-\$T-ZIP	WEST PALM BEACH, FL				03/ 14/ 02-	-QUU4 (7-007 158.75	
TITLE		· · ·					The second secon	
NAME	ł		l					

75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 acceptate 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:

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05 561-686-2800 Dayline Phone #