


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 034 ***150.00

DOCUMENT # M35092
 1. Entity Name
BONNIE L. RODDENBERRY, P.A.



Principal Place of Business Mailing Address
C/O BONNIE L. RODDENBERRY **C/O BONNIE L. RODDENBERRY**
14140 S.W. 69TH AVENUE **14140 S.W. 69TH AVENUE**
MIAMI FL 33158 **MIAMI FL 33158**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
C/O Bonnie L. Roddenberry *C/O Bonnie L. Roddenberry*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
285 Rada Court **285 Rada Court**
 City & State City & State
Coral Gables, Florida **Coral Gables, Florida**

Zip Country Zip Country
33143 USA **33143 USA**

4. FEI Number **59-2696861** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RODDENBERRY, BONNIE L.
14140 S.W. 69TH AVENUE
MIAMI FL 33158

7. Name and Address of New Registered Agent
 Name **Bonnie L. Roddenberry**
 Street Address (P.O. Box Number is Not Acceptable)
285 Rada Court
 City **Coral Gables** **FL** Zip Code **33143**

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 *Bonnie L. Roddenberry* DATE **1-20-2004**
Signature, typed 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODDENBERRY, BONNIE L. 14140 SW 69TH AVE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bonnie L. Roddenberry 285 Rada Court Coral Gables, Florida 33143 <input checked="" 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
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12. I hereby 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.

SIGNATURE: *Bonnie L. Roddenberry* DATE: **1-20-2004** 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **669-5180**