


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 C/O BONNIE L. RODDENBERRY 14140 S.W. 69TH AVENUE MIAMI FL 33158	Mailing Address C/O BONNIE L. RODDENBERRY 14140 S.W. 69TH AVENUE MIAMI FL 33158
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2. Principal Place of Business 40 Bonnie L. Roddenberry	3. Mailing Address 40 Bonnie L. Roddenberry
Suite, Apt. #, etc. 285 Rada Court	Suite, Apt. #, etc. 285 Rada Court
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33143	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 59-2696861		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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. <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	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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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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-20-2004 305 Daytime Phone # 669-5180