


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M63928	
1. Entity Name RODRIGUEZ AND CASAS, INC.	

Principal Place of Business C/O MARIO D. RODRIGUEZ 4513 PALM AVENUE HIALEAH, FL 33012 US	Mailing Address 4501 PALM AVE. SUITE #104 HIALEAH, FL 33018 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0022942	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MARIO D. 4501 PALM AVE. STE 104 HIALEAH, FL 33012
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**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D URIARTE, LEISHA 6820 SW 57TH TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORTINA, ELIZABETH 5490 W 9TH CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/07/06-60033-022 158.75

**DO NOT WRITE
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:  **Elizabeth Cortina**
DIRECTOR 1-27-06 305 557 0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #