

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007563

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: RODRIGUEZ CHARITIES, INC.

**Current Principal Place of Business:**

3342 SHAWNEE AVE  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

3342 SHAWNEE AVE  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, JOSE R  
3342 SHAWNEE AVE  
WEST PALM BEACH, FL 33409      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      PD                      ( ) Delete  
Name:                      RODRIGUEZ, JOSE R  
Address:                      5527 WOODLAND LANE  
City-St-Zip:                      DANIA BEACH, FL 33312

Title:                      VD                      ( ) Delete  
Name:                      RODRIGUEZ, RICARDO  
Address:                      497 NW 31ST AVE  
City-St-Zip:                      POMPANO BEACH, FL 33069

Title:                      SD                      ( ) Delete  
Name:                      JARMON, GREG  
Address:                      5511 WOODLAND LN  
City-St-Zip:                      DANIA BEACH, FL 33312

Title:                      TD                      ( ) Delete  
Name:                      KIMBROUGH, RODNEY  
Address:                      2944 FONTANA PL  
City-St-Zip:                      ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE RODRIGUEZ

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date