2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RODRIGUEZ GROUP HO

(NON PROFIT ORGANIZATION)

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90001 003 ****70.00

DOCUMENT # N33255 4505 N.W. 199th STREET • MIAMI, FLOR

1. Entity Name
RODRIGUEZ GROUP HOME, INC.

Principal Place of Business:	Mailing Address
4505 NW 199TH ST CAROL CITY, FL 33055	4505 NW 199TH ST CAROL CITY, FL 33055

54060748

07042004 N Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0136184
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LYDIA
4505 NW 199TH ST
CAROL CITY, FL 33055

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, LYDIA
STREET ADDRESS	4505 NW 199TH ST
CITY-ST-ZIP	CAROL CITY, FL
TITLE	SD
NAME	MEDINA, DIGNA
STREET ADDRESS	265 W 63RD ST
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	MEDINA, VIRGILIO
STREET ADDRESS	265 W 63RD ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	OLIVA, TANYA
STREET ADDRESS	705 W 63RD DR
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	OSORIO, DORA
STREET ADDRESS	6751 SW 13TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	ALDERMAN, ELIZABETH
STREET ADDRESS	8328 NW 201 TERRACE
CITY-ST-ZIP	HIALEAH, FL 33015

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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), orida 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 il 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; nd 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: X Lydia Rodriguez Lydia Rodriguez 7-3-04 (305) 624-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #