

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33255

FILED
May 01, 2005
Secretary of State

Entity Name: RODRIGUEZ GROUP HOME, INC.

Current Principal Place of Business:

4505 NW 199TH ST
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

4505 NW 199TH ST
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 65-0136184 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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, LYDIA,
Address: 4505 NW 199TH ST
City-St-Zip: CAROL CITY, FL

Title: SD () Delete
Name: MEDINA, DIGNA,
Address: 265 W 63RD ST
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: MEDINA, VIRGILIO,
Address: 265 W 63RD ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: OLIVA, TANYA,
Address: 705 W 63RD DR
City-St-Zip: HIALEAH, FL

Title: D () Delete
Name: OSORIO, DORA,
Address: 6751 SW 13TH ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ALDERMAN, ELIZABETH
Address: 8328 NW 201 TERRACE
City-St-Zip: HIALEAH, FL 33015

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:

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 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 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: LYDIA RODRIGUEZ

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

Date