


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N33255 1. Entity Name RODRIGUEZ GROUP HOME, INC.		
Principal Place of Business 4505 NW 199TH ST CAROL CITY, FL 33055	Mailing Address 4505 NW 199TH ST CAROL CITY, FL 33055	



07072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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

U00000570043
07/13/06-80015-002 70.00

**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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-06 305) 624-8086
Date Daytime Phone #