


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000003197**  
 1. Entity Name  
**RODRIGUEZ FENCE CORPORATION**



Principal Place of Business  
 7951 S.W. 40TH STREET  
 SUITE 206  
 MIAMI, FL 33155

Mailing Address  
 P.O. BOX 650930  
 MIAMI, FL 33265



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0973064**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**RODRIGUEZ, CARLOS A**  
 7951 S.W. 40TH STREET  
 SUITE 206  
 MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when filer signs)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	RODRIGUEZ, CARLOS A
STREET ADDRESS	7951 S.W. 40TH STREET, SUITE 206
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000208250  
 02/02/05-80030-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: **X** \_\_\_\_\_ **1-25-05** **305-541-5897**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #