

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036236

1. Entity Name
NEREIDA RODRIGUEZ, P.A.

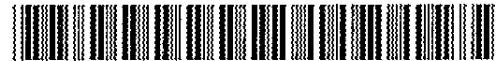


Principal Place of Business

8915 SW 27TH ST
MIAMI, FL 33165

Mailing Address

8915 SW 27TH ST
MIAMI, FL 33165



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1000082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, NEREIDA
8915 SW 27TH ST
MIAMI, FL 33165

**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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RODRIGUEZ, NEREIDA
8915 SW 27TH ST
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, NEREIDA
8915 SW 27TH ST
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000184946
07/09/04-80010-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: X Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

305-261-4251
Daytime Phone #