2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P01000002350

Entity Name: RODRIGUEZ ORTHODONTICS, P.A.

Current Principal Place of Business:

560 EAST 49TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

4695 W 4TH AVE.
HIALEAH, FL 33012

Current Mailing Address:

560 EAST 49TH STREET
HIALEAH, FL 33013

New Mailing Address:

4695 W. 4TH AVE.
HIALEAH, FL 33012

FEI Number: 65-1067552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, LUIS J
560 EAST 49TH STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

RODRIGUEZ, LUIS J
4695 W. 4TH AVE.
HIALEAH, FL 33012 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: LUIS J. RODRIGUEZ 04/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: RODRIGUEZ, LUIS J DMD
Address: 4695 W 4TH AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS J . RODRIGUEZ OWNE 04/16/2007
Electronic Signature of Signing Officer or Director Date