


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90020 015 \*\*\*150.00

<b>DOCUMENT # P01000009307</b> 1. Entity Name <b>THE LAW OFFICES OF HUGO A. RODRIGUEZ, P.A.</b>					
Principal Place of Business <b>150 W. FLAGLER ST. SUITE 1565 MIAMI FL 33130</b>				Mailing Address <b>150 W. FLAGLER ST. SUITE 1565 MIAMI FL 33130</b>	
2. Principal Place of Business <b>5845 COLLINS AV SUITE 506 MIAMI BEACH FL 33140</b>				3. Mailing Address <b>C/O E. CASAS 6039 COLLINS AV #1034 MIAMI BEACH FL 33140</b>	
City & State <b>MIAMI BEACH FL</b>				City & State <b>MIAMI BEACH FL</b>	
Zip <b>33140</b>				Zip <b>33140</b>	
Country <b>FLORIDA</b>				Country <b>FLORIDA</b>	
4. FEI Number <b>65-1073489</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, HUGO A 150 W. FLAGLER ST., STE 1565 MIAMI FL 33130</b>				7. Name and Address of New Registered Agent <b>C/O E. CASAS 6039 COLLINS AV #1034 MIAMI BEACH FL 33140</b>	
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: <u>Hugo A. Rodriguez</u> DATE: <u>02/05/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSO</b>	NAME <b>RODRIGUEZ, HUGO A</b>	<input type="checkbox"/> Delete	TITLE <b>PSO</b>	NAME <b>RODRIGUEZ, HUGO A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>150 W. FLAGLER ST. STE. 1565</b>			STREET ADDRESS <b>C/O E. CASAS</b>		
CITY-ST-ZIP <b>MIAMI FL 33130</b>			CITY-ST-ZIP <b>6039 COLLINS AV. #1034 MIAMI BEACH FL 33140</b>		
TITLE <b>NAME</b>	<input type="checkbox"/> Delete		TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
TITLE <b>NAME</b>	<input type="checkbox"/> Delete		TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
TITLE <b>NAME</b>	<input type="checkbox"/> Delete		TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
TITLE <b>NAME</b>	<input type="checkbox"/> Delete		TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
<b>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.</b>					
SIGNATURE: <u>Hugo A. Rodriguez</u> DATE: <u>02/05/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

6039 COLLINS AV. #1034 MIAMI BEACH FL 33140