

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000051809		
1. Entity Name JAVIER I. RODRIGUEZ, P.A.		
Principal Place of Business 757 NW 27TH AVENUE SUITE 203 MIAMI, FL 33125		Mailing Address 757 NW 27TH AVENUE SUITE 203 MIAMI, FL 33125
DO NOT WRITE IN THIS SPACE		
		03072006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1108069		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RODRIGUEZ, JAVIER I 757 NW 27 AVE SUITE 203 MIAMI, FL 33125		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  <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when renewing)</small>		DATE 3/7/06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN0000463643 03/21/06-80084-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JAVIER I 757 NW 27TH AVENUE SUITE 203 MIAMI, FL 33125	
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/7/06 DAYTIME PHONE # 705 649 0939