

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000051809

Entity Name: JAVIER I. RODRIGUEZ, P.A.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

717 PONCE DE LEON BOULEVARD  
SUITE 332  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

717 PONCE DE LEON BOULEVARD  
SUITE 332  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1108069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, JAVIER I  
717 PONCE DE LEON BOULEVARD  
SUITE 332  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RODRIGUEZ, JAVIER I  
Address: 717 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

Title: PS  
Name: RODRIGUEZ, JAVIER I  
Address: 717 PONCE DE LEON BOULEVARD, SUITE 332  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JAVIER I RODRIGUEZ

D

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date