## 2604 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000080453

1. Entity Name

RODRIGUEZ PRODUCTIONS, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1205 W SWANN AVENUE TAMPA, FL 33606 Mailing Address

1205 W SWANN AVENUE TAMPA, FL 33606



## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK A 46 DAVIS BOULEVARD #202 TAMPA, FL 33606

## 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)						DATÉ
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  Accepted		\$5.00 May Be Added to Fees	U00000125788 04/23/04-80008-015 158.75	
10.	OFFICERS AND DIREC	TORS		.,		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P RODRIGUEZ, FRANK A 46 DAVIS BOULEVARD TAMPA, FL 33606					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY ST. ZIP						
TITLE NAME STREET ADDRESS CITY:ST:ZIP						

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 frue 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:

TITLE NAME STREET ADDRESS

FRANK ROCKIQUEZ

NIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-15-04 813-254-5321