


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083439
 1. Entity Name
CLAUDIA & JUAN C. RODRIGUEZ, P.A.



Principal Place of Business
**2001 QUAIL ROOST DR
 WESTON, FL 33327**

Mailing Address
**2001 QUAIL ROOST DR
 WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-1130004** Applied For: Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RODRIGUEZ, JUAN C
 2001 QUAIL ROOST DR
 WESTON, FL 33327**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. DATE: Registered Agent signature required when renewing.

**FILE NOW!!! FEE IS \$650.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

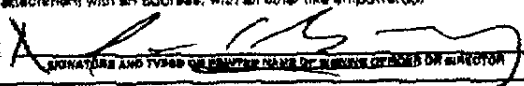
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 15/06/04-60023-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, CLAUDIA
STREET ADDRESS	2001 QUAIL ROOST DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	RODRIGUEZ, JUAN C
STREET ADDRESS	2001 QUAIL ROOST DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/28/04
 Date Daytime Phone #