2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # P01000094928 1. Entity Name JOSE RODRIGUEZ METAL FABRICATION, INC.								04-14-2005 90084 043 ***150.00						
Principal Place of Business 2451 BRICKELL AVE. SUITE 20K MIAMI, FL 33129 2. Principal Place of Business				Mailing Address 2451 BRICKELL AVE. SUITE 20K MIAMI, FL 33129 3. Mailing Address				04042005 Chg-P CR2E034 (10/03)						
60 10 5W 11 5T Suite, Apt. #, etc.				4010 SW 11 ST Suite, Apt. #, etc.										
City & State MIAMI FL				City & State MIAMI FL				4. FEI Numb			<u>.</u>		plied For t Applicable	
Zip 3314	33144 VSA			Zip Count 33144 U.S			5. Certificate of Status Desired S8.75 Additor Fee Required					itional		
6. Name and Address of Current F				tered Agent	7. Name and Address of New Registered Agent									
RODRIGUEZ, JOSE 2451 BRICKELL AVE. SUITE 20K MIAMI, FL 33129						Name RCONICUEZ, JOSE Street Address (P.O. Box Number is Not Acceptable)								
						City	1/1 Pa				FL	Zip Code		
8. The above the obligat	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 gistered age	artina tipe	if applicable. (NOT)	: Hegistere	d Agent signati	re required	when reinslating)		<u> </u>	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.														
10. OFFICERS AND D									CHANG	ES TO OFFICI	ERS AND D	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	lı .	IEZ, JOSE CKELL AVE. SUITE 2 . 33129	0K	□ Delete			PUST RODRIGUEZ, JOSE 6010 SW 11 ST MIGMI, FL 33144					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	JEZ, JOSE CKELL AVE. 33129		□ Delete	1		DROO	ORIGUE To Sw	11 S FL	056	,	£hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- .			Delete				· • · •	-	-		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delcte							[Change	☐ Addition .	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		- 1						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					[Change	Addition	
12. I hereby of indicated of the corp changed,	certify that the on this repor poration or th or on an atta	information supplied wi t or supplemental report e receiver or rustee em ichment with an address	th this fi is true a powered with an	ling does not quality for and excurate and that no to execute this report other like empowered.	the exer ny signat as requir	mption state ure shall hated by Cha	ed in Sec ave the s pter 607	ction 119.07(3) ame legal effe , Florida Statut	(i), Florida ct as if ma es; and th	a Statutes. I fu ade under oat at my name a	rther certify h; that I arr ppears in I	y that the in an officer of Block 10 or	formation or director Block 11 if	