FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90137 012 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000048657**

1. Entity Name
RODRIGUEZ DEVELOPMENT CORPORATION

90139739

Principal Place of Business	Mailing Address
170 OCEAN LANE DRIVE SUITE 609 MIAMI, FL 33149	170 OCEAN LANE DRIVE SUITE 609 MIAMI, FL 33149

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
501 VALENCIA AVENUE	501 VALENCIA AVENUE
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 02-0574114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: Angela M. Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 501 VALENCIA AVENUE #6
City: CORAL GABLES FL Zip Code 33134-5733

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] 06/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RODRIGUEZ, ANGELA M 170 OCEAN LANE DRIVE SUITE 609 MIAMI, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 501 VALENCIA AVENUE #6 CORAL GABLES, FL 33134-5733
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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] 06/11/03 (305) 401-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

UBR:02-05-94114