


-2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000072924	
1. Entity Name MANUEL RODRIGUEZ, JR., C.P.A., P.A.	

Principal Place of Business C/O MORRISON, BROWN, ARGIZ & COMPAN 1001 BRICKELL BAY DR 9TH FLOOR MIAMI FL 33131	Mailing Address C/O MORRISON, BROWN, ARGIZ & COMPAN 1001 BRICKELL BAY DR 9TH FLOOR MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State	4. FEI Number 56-2299892	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD 43RD FLOOR MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RODRIGUEZ, MANUEL JR 1001 BRICKELL BAY DR 9TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA-RODRIGUEZ, MARIA 13236 SW 43 LANE MIAMI FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000070000 03/01/04-RODRIG-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Manuel Rodriguez Date: 2/24/04 Daytime Phone #: 305 377 9211