


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 30 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2299892	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPS RODRIGUEZ, MANUEL JR 1001 BRICKELL BAY DR 9TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800038649038 07/02/04--01064--001 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA-RODRIGUEZ, MARIA 13236 SW 43 LANE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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 an other like empowered.					
SIGNATURE: <i>Manuel Rodriguez Jr</i>		MANUEL RODRIGUEZ JR		6/24/04	(305) 377-9211
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR				Date	Daytime Phone #



06242004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable