## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000075521**

1. Entity Name

FELROD DEVELOPMENT GROUP, INC.



FILED
May 11, 2006 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

6969 COLLINS AVE #706 417 NE 27 ST

#1

MIAMI BEACH, FL 33141

MIAMI, FL 33137 US



## DO NOT WRITE IN THIS SPACE

05032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0734536

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE R 275 FONTAINEBLEAU BLVD STE 135 MIAMI, FL 33172

## 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					
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006		Election Campaign Finance     Trust Fund Contribution.	ting 📋	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS				
TOTLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, FELIX X 417 NE 27 ST. #1 MIAMI, FL 33137				
TITLE NAME STREET ADDRESS CITY ST 21P					U00000564566 05/20/06-80075-019 150.00
TITLE NAME STREET ADDRESS CITY-ST ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY ST ZIP				IN <sup>1</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 experience.

SIGNATURE:

STREET ADDRESS CITY ST ZIP

LATURE AND THE DIA FRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5/06/06

Davime Phone #