2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2006 08:00 AM **Secretary of State DOCUMENT # P02000106125** 1. Entity Name RODRIGUEZ ENTERPRISES MARKET, CORP. Mailing Address Principal Place of Business 405 E.OKEECHOBEE RD 405 E.OKEECHOBEE RD HIALEAH, FL 33010-5350 HIALEAH, FL 33010-5350 No Chg-P CR2E034 (11/05) 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2296812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COURET, EDDY R 6481 WEST 8TH LN HIALEAH, FL 33012 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE PD NAME COURET, EDDY R 6481 W 8TH LM STREET ACCRESS HIALEAH, FL 33012 CITY-ST-ZIP TITLE U00000393828 02/01/06-80028-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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 offer like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP me NAME STREET APPRESS CITY-ST-ZIP

Daytime Phone #

FILED