## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATU

## FILED Feb 12, 2007 08:00 AN Secretary of State DOCUMENT # P02000109522 1. Enlity Namo RIOS RODRIGUEZ ENTERPRISES, INC. Principal Place of Business Mailing Address 3771 BRANTLEY PLACE 3771 BRANTLEY PLACE APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 22-3879284 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIOS, JOEL 3771 BRANTLEY PLACE Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE IITLE □ Change Delete RIOS, JOEL NAME NAME 000000631770 3771 BRANTLEY PLACE STREET ADDRESS. STREET ADORESS 02/20/07-80061-010 150.00 APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete Addition THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P HILL Delete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DHE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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 withhan attrees, withyall other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #