## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2004 8:00 am Secretary of State

ANNUAL REPURI								secretary or state				
DOCUMENT # P0300001839  1. Entity Name									01-29-200	)4 90083	006 ***1	150.00
RODRIGUEZ ACCOUNTING SERVICES, INC.												
	<u>.'</u>					O VI	100	* 3 m*				
Principal Place of Business				Mailing Address						94001	6595	•
3814 SW 144 PLACE MIAMI, FL 33175			3814 SW 144 PLACE MIAMI, FL 33175					.•	,			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.				01072004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State					4. FEI Numb	991786			plied For t Applicable
Zip Country			Zip Co			7111					\$8.75 Add	itional
<u> </u>	ered Agent		7. Name and Address of New Registered Agent						1 2			
6. Name and Address of Current Registered Agent						Name		11 1144114		ogrotor ve /	<u></u>	
RODRIGUEZ, JOSE J 3814 SW 144 PLACE							Street Address (P.O. Box Number is Not Acceptable)					- 57
MIAMI, FL 33175							_					-
,							City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or a								ed agent or bo	oth, in the State of Ele		familiar with	and accent
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.												апо вссери
SIGNATURE												
	Signature, types	or printed rising or registored agen		applicable. (AOII	riegiotain	ed Agent signator	- equiec	when remarking?	·	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.							<b>\$5.</b> Add	.00 May Be ed to Fees				
10.		OFFICERS AND	ID DIRECTORS 1:					ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	Р		☐ Delete			£					☐ Change	Addition
NAME	l .	RODRIGUEZ, JOSE J										
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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 all other like appearance.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-26-04

305-201-9149 Daytime Phone #