
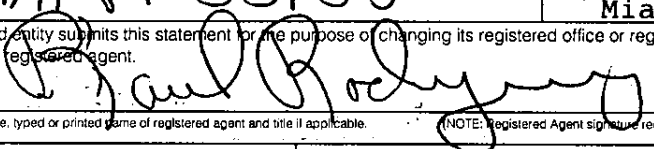
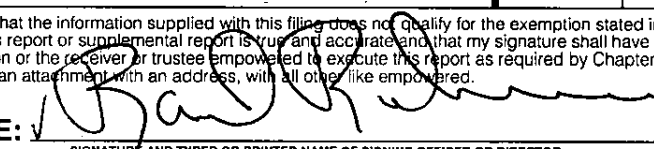


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90068 017 ***150.00

DOCUMENT # P03000028668 1. Entity Name RODRIGUEZ TRANSPORT SERVICE, INC.					
Principal Place of Business 15000 SW 42ND TERR MIAMI, FL 33185 8261 S.W 36 ST MIAMI 33155				Mailing Address 15000 SW 42ND TERR MIAMI, FL 33185 8261 S.W 36 ST MIAMI 33155	
2. Principal Place of Business 8261 SW 36 ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Miami FL		City & State City & State		4. FEI Number 56-2328627	
Zip 33155		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent RODRIGUEZ, RAUL 15000 SW 42ND TERR MIAMI, FL 33185 8261 SW 36 ST MIAMI FL 33155				7. Name and Address of New Registered Agent Name Raul B. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 8261 SW 36 ST, Miami, FL 33155 City Miami FL Zip Code 33155	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00		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	PSTD RODRIGUEZ, RAUL B <input type="checkbox"/> Delete 15000 SW 42ND TERR. MIAMI, FL 33185		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raul B. Rodriguez 8261 SW 36 ST, Miami, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raquel Rodriguez 8261 SW 36 ST, Miami, FL 33155	
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 all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-18-05 Daytime Phone # 305-5287458		

50014883



01172005 Chg-P CR2E034 (10/03)