

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90099 003 ***150.00

DOCUMENT # P03000089921

1. Entity Name
RODRIGUEZ FOOD SERVICES, INC.



Principal Place of Business Mailing Address

867 BELHAVEN DRIVE 867 BELHAVEN DRIVE
 ORLANDO, FL 32828 ORLANDO, FL 32828

20034148



2. Principal Place of Business 3. Mailing Address

1901 EAST LIVINGSTON ST. **1901 E. LIVINGSTON ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03102005 Chg-P CR2E034 (10/03)

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 20-0154620	Applied For <input type="checkbox"/>
Zip 32803	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, AUGUSTO C 867 BELHAVEN DRIVE ORLANDO, FL 32828	Name Street Address (P.O. Box Number is Not Acceptable) 1901 EAST LIVINGSTON STREET City ORLANDO FL Zip Code 32803

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: *Augusto C. Rodriguez Jr.* *Augusto C. Rodriguez SR.* **4/11/05**
(Signature, typed or printed name of registered agent and trust if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D/P RODRIGUEZ, AUGUSTO C 867 BELHAVEN DRIVE ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 EAST LIVINGSTON STREET ORLANDO, FL 32803
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
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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: *Augusto C. Rodriguez Jr.* *Augusto C. Rodriguez SR.* **4/11/05** **407-619-4085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #