
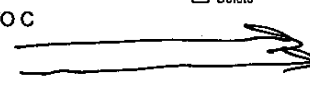


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 867 BELHAVEN DRIVE ORLANDO, FL 32828		Mailing Address 867 BELHAVEN DRIVE ORLANDO, FL 32828	
2. Principal Place of Business 1901 EAST LIVINGSTON ST.		3. Mailing Address 1901 E. LIVINGSTON ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32803	Country USA	Zip 32803	Country USA
6. Name and Address of Current Registered Agent RODRIGUEZ, AUGUSTO C 867 BELHAVEN DRIVE ORLANDO, FL 32828		7. Name and Address of New Registered Agent 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 <i>Augusto C. Rodriguez Jr.</i> <i>Augusto C. Rodriguez Sr.</i> 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. <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	D/P RODRIGUEZ, AUGUSTO C 867 BELHAVEN DRIVE ORLANDO, FL 32828 	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
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: <i>Augusto C. Rodriguez Jr.</i> <i>Augusto C. Rodriguez Sr.</i> 4/11/05 407-619-4085 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

20034148



03102005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0154620 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required