## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090974

**Entity Name: RPEDROSA CORPORATION** 

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2901 RIVERSIDE DR., SUITE 304 2215 NW 6TH PLACE

CORAL SPRINGS, FL 33065 CAPE CORAL, FL 33993 US

Current Mailing Address: New Mailing Address:

2901 RIVERSIDE DR., SUITE 304 2215 NW 6TH PLACE

CORAL SPRINGS, FL 33065 CAPE CORAL, FL 33993 US

FEI Number: 20-0162092 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICARDO PEDROSA TAXPLACE, CORP.
2901 RIVERSIDE DR., SUITE 304 2721 S US1 SUITE 9

CORAL SPRINGS, FL 33065 US FORT PIERCE, FL 34982 US

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.

SIGNATURE: TAXPLACE, CORP. 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P (Y) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PEDROSA, RICARDO P PEDROSA, RICARDO P Name: Name: 2901 RIVERSIDE DR., SUITE 304 2215 NW 6TH PLACE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CAPE CORAL, FL 33993 US

CONAL SHAINGS, 1 E 33893 GG

 Title:
 ( ) Delete
 Title:
 VPD ( ) Change (X) Addition

 Name:
 Name:
 PEDROSA, VIRGINIA

 Address:
 Address:
 2215 NW 6TH PLACE

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33993 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO PEDROSA PD 04/27/2005