

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90041 020 ***150.00

DOCUMENT # P03000112451

1. Entity Name
RODRIGUEZ-PIEDRA & ASSOCIATES, P.A.



Principal Place of Business
**395 ALHAMBRA CIRCLE SUITE 301
CORAL GABLES, FL 33134**

Mailing Address
**395 ALHAMBRA CIRCLE SUITE 301
CORAL GABLES, FL 33134**

94058631

2. Principal Place of Business
299 Alhambra Circle

3. Mailing Address
299 Alhambra Circle

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

03122004

Chg-P

CR2E034 (10/03)

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number

81-0638563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JORGE E ESQ.
395 ALHAMBRA CIRCLE SUITE 301
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Jorge E. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

299 Alhambra Circle, Suite 403

City
Coral Gables

FL Zip Code
33134

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

Jorge E. Rodriguez

4/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
RODRIGUEZ, JORGE E
STREET ADDRESS
395 ALHAMBRA CIRCLE SUITE 301
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge E. Rodriguez *4/15/04* *(305) 444-0032*

Date

Daytime Phone #