

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135161

Entity Name: ALBERT RODRIGUEZ, P.A.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

7604 SW 108TH TERRACE  
MIAMI, FL 33156

**New Principal Place of Business:**

1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

7604 SW 108TH TERRACE  
MIAMI, FL 33156

**New Mailing Address:**

1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

FEI Number: 86-1088294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOSE I PADIAL, P.A.  
2600 DOUGLAS ROAD  
PENTHOUSE 6  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: RODRIGUEZ, ALBERT  
Address: 7604 SW 108TH TERRACE  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: RODRIGUEZ, ALBERT  
Address: 1221 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALBERT RODRIGUEZ

PS

03/23/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date