


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000137636</b> 1. Entity Name <b>DANIEL RODRIGUEZ A.J. SPRAY, INC.</b>	
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Principal Place of Business <b>6005 WICKHAM ROAD N. SUITE #35 MELBOURNE, FL 32940</b>	Mailing Address <b>6005 WICKHAM ROAD N. SUITE #35 MELBOURNE, FL 32940</b>
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03142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0478030</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, DANIEL R  
6005 WICKHAM ROAD N.  
SUITE #35  
MELBOURNE, FL 32940**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000470050  
03/27/06-80026-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RODRIGUEZ, DANIEL R 985 BRYCE LN MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RODRIGUEZ, JOYCE 985 BRYCE LN W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIEL R JR 985 BRYCE LN N. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Daniel Rodriguez 3/13/06 (321) 951-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #