



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90032 042 ***150.00

DOCUMENT # P03000138150					
1. Entity Name SONIA RODRIGUEZ CONSTRUCTION INC.					
Principal Place of Business 674 MASON AVE. APOPKA, FL 32703			Mailing Address 674 MASON AVE. APOPKA, FL 32703		
2. Principal Place of Business 380 SEMORAN COMMERCE PL. Suite, Apt. #, etc.		3. Mailing Address 380 SEMORAN COMMERCE PL. Suite, Apt. #, etc.			
City & State APOPKA FL		City & State APOPKA FL		4. FEI Number 11-3708991	
Zip 32703		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, SONIA 674 MASON AVE. APOPKA, FL 32703				7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 380 SEMORAN COMMERCE PL. City: APOPKA FL Zip Code: 32703	
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 _____ (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: P <input type="checkbox"/> Delete NAME: RODRIGUEZ, SONIA STREET ADDRESS: 674 MASON AVE. CITY-ST-ZIP: APOPKA, FL 32703			TITLE: PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: RODRIGUEZ SONIA STREET ADDRESS: 380 SEMORAN COMMERCE PL. CITY-ST-ZIP: APOPKA FL 32703		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 3-21-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					