
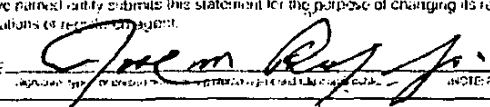
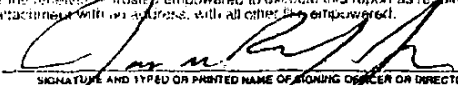


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-04-2005 90190 033 ***150.00

DOCUMENT # P03000151193			
1. Entity Name JOSE M. RODRIGUEZ JR., INC.			
Principal Place of Business 3507 W. CHEROKEE AVE. TAMPA, FL 33611		Mailing Address 3507 W. CHEROKEE AVE. TAMPA, FL 33611	
2. Principal Place of Business 4218 W. Corona State, Apt. #, etc.		3. Mailing Address 4218 W. Corona State, Apt. #, etc.	
City & State Tampa Fla 33629		City & State Tampa Fl, 33629	
Zip 33629		Zip 33629	
County Hills		County Hills	
4. FEJ Number 01-0803430		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE M JR. 3507 W. CHEROKEE AVE. TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Rodriguez, Jose M JR Street Address (P.O. Box Number is Not Acceptable) 4218 W. Corona City Tampa Fla 33629 33629 FL Zip Code	
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 		4/26/05	
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 President	NAME RODRIGUEZ, JOSE M JR.	TITLE President	NAME Rodriguez, Jose M. Jr
STREET ADDRESS 3507 W. CHEROKEE AVE.	CITY-STATE-ZIP TAMPA, FL 33611	STREET ADDRESS 4218 W. Corona	CITY-STATE-ZIP Tampa, FL 33629
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.			
SIGNATURE: 		7/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR		Daytime Phone #	

66022997



JOSE M RODRIGUEZ JR. "D"