

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90037 034 ***150.00

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01262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0591466 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000033225
1. Entity Name
RODRIGUEZ BAKERY EQUIPMENT, INC.



Principal Place of Business
7498 NW 8TH STREET #
MIAMI, FL 33126 US

Mailing Address
7498 NW 8TH STREET
MIAMI, FL 33126 US

2. Principal Place of Business
7498 NW 8th ST
Suite, Apt. #, etc. **#CD**

3. Mailing Address
7498 NW 8th ST
Suite, Apt. #, etc. **#CD**

City & State
MIAMI, FL

Zip **33126** Country **Dade**

6. Name and Address of Current Registered Agent
RODRIGUEZ, RAYMUNDO
7498 NW 8TH ST
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name **Rodriguez, Raymundo**
Street Address (P.O. Box Number is Not Acceptable)
7498 NW 8th ST
#CD
City **MIAMI** FL Zip Code **33126**

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 *Raymundo Rodriguez* (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, RAYMUNDO 7498 NW 8TH ST MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Rodriguez, Raymundo 7498 NW 8th ST #CD MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, MARIO 7498 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Rodriguez, Mario 7498 NW 8th ST #CD MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raymundo Rodriguez* SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____