
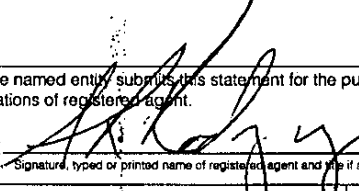
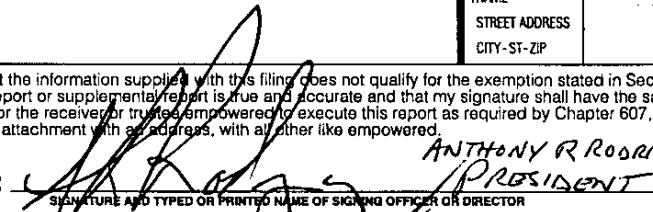


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90004 016 ***150.00

DOCUMENT # P04000107958					
1. Entity Name THE RODRIGUEZ AGENCY, INC.					
Principal Place of Business 1002 BALLINGER DRIVE LUTZ, FL 33548-4414			Mailing Address 1002 BALLINGER DRIVE LUTZ, FL 33548-4414		
2. Principal Place of Business 2413 BAYSHORE BLVD Suite, Apt. #, etc. #602		3. Mailing Address 2413 BAYSHORE BLVD Suite, Apt. #, etc. #602		50053384	
City & State TAMPA, FL		City & State TAMPA, FL		05282005 Chg-P CR2E034 (10/03)	
Zip 33629		Country USA		4. FEI Number 20-2567558	
Zip 33629		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ANTHONY R 1002 BALLINGER DRIVE LUTZ, FL 33548-4414				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 2413 BAYSHORE BLVD	
				#602	
				City TAMPA	
				FL	
				Zip Code 33629	
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:  ANTHONY R. RODRIGUEZ, PRES. DATE: 5/24/05					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT/SECY, TRUSTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ANTHONY R. RODRIGUEZ	
STREET ADDRESS			STREET ADDRESS	2413 BAYSHORE BLVD, #602	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  ANTHONY R. RODRIGUEZ, PRESIDENT DATE: 5/24/05					