


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 019 ***158.75

DOCUMENT # P04000157287	
1. Entity Name RODEVICH LEE PERKINS, P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3900 GALT OCEAN DR. #1009 Suite, Apt. #, etc. FORT LAUDERDALE, Florida City & State	3. Mailing Address 3900 GALT OCEAN DR. #1009 Suite, Apt. #, etc. FORT LAUDERDALE, Florida City & State
Zip 33308 Country USA	Zip 33308 Country USA

50010882
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3788852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RODEVICH LEE PERKINS 3900 GALT OCEAN DR. #1009 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY RODEVICH LEE PERKINS 3900 GALT OCEAN DR. #1009 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer RODEVICH LEE PERKINS 3900 GALT OCEAN DR. #1009 FT. LAUDERDALE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICER RODEVICH LEE PERKINS 3900 GALT OCEAN DR. #1009 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President RODEVICH LEE PERKINS 3900 GALT OCEAN DR. #1009 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RODEVICH LEE PERKINS 3900 GALT OCEAN DR. #1009 FT. LAUDERDALE FL 33308	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Rodovich Perkins	Date 4/5/2006	Daytime Phone # 954-822-8397
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CD2EN34B (12/02)