


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 043 ***150.00

DOCUMENT # P04000158223	
1. Entity Name HECTOR M RODRIGUEZ PA	

Principal Place of Business 17275 COLLINS AVENUE APT. 1004 N MIAMI BEACH, FL 33160	Mailing Address 17275 COLLINS AVENUE APT. 1004 N MIAMI BEACH, FL 33160
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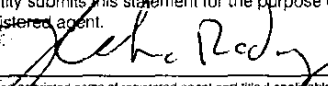
2. Principal Place of Business - No P.O. Box # 16699 Collins Ave # 1604	3. Mailing Address 16699 Collins Ave # 1604
Suite, Apt. #, etc. # 1604	Suite, Apt. #, etc. # 1604

City & State Sunny Isles Beach	City & State Sunny Isles Beach
Zip Fla 33160	Country Daile
Zip 33160	Country Daile



01132008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent RODRIGUEZ, HECTOR M 17275 COLLINS AVENUE APT. 1004 N MIAMI BEACH, FL 33160	
7. Name and Address of New Registered Agent Name Rodriguez, Hector M. Street Address (P.O. Box Number is Not Acceptable) 16699 Collins Ave apt 1604 Sunny Isles Beach Fl City Sunny Isles Beach FL Zip Code 33160	

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CONCHA, MARIA D		NAME Concha, Maria D	
STREET ADDRESS 17275 COLLINS AVENUE APT. 1004		STREET ADDRESS 16699 Collins Ave # 1604	
CITY-ST-ZIP N MIAMI BEACH, FL 33160		CITY-ST-ZIP Sunny Isles Beach, Fla 33160	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RODRIGUEZ, HECTOR M		NAME Rodriguez Hector M	
STREET ADDRESS 17275 COLLINS AVENUE APT. 1004		STREET ADDRESS 16699 Collins Ave # 1604	
CITY-ST-ZIP N MIAMI BEACH, FL 33160		CITY-ST-ZIP Sunny Isles Beach Fla 33160	
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 exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: 	Date 01/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	