

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000061103

**FILED**  
**Aug 01, 2007**  
**Secretary of State**

**Entity Name:** JUAN RODRIGUEZ ENTERPRISES, INC.

**Current Principal Place of Business:**

2039 W. FIRST ST. SUITE 4  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100064  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 56-2513475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOCKER, ROBERT  
2039 W. FIRST ST., SUITE 4  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RODRIGUEZ, ADAM  
Address: PO BOX 100064  
City-St-Zip: CAPE CORAL, FL 33910

Title: VP ( ) Delete  
Name: RODRIGUEZ, JESSICA  
Address: PO BOX 100064  
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR (X) Delete  
Name: RODRIGUEZ, TONYA  
Address: PO BOX 100064  
City-St-Zip: CAPE CORAL, FL 33910

Title: T (X) Delete  
Name: RODRIGUEZ, MICHAEL  
Address: PO BOX 100064  
City-St-Zip: CAPE CORAL, FL 33910

Title: DIR (X) Delete  
Name: RODRIGUEZ, JUAN  
Address: PO BOX 100064  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM RODRIGUEZ

PD

08/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date