2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90090 015 ***150.00

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1. Entity Name
JULISSA RODRIGUEZ, P.A.

Principal Place of Business	Mailing Address
3219 HUNTERS CHASE LOOP KISSIMMEE, FL 34743	3219 HUNTERS CHASE LOOP KISSIMMEE, FL 34743

01262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3503 Sunset Isles Blvd		3503 Sunset Isles Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Kissimmee, Fl	
City & State: Kissimmee, Fl		City & State	
Zip: 34746	Country	Zip: 34746	Country: USA

4. FEI Number: 20-2940474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JULISSA 3219 HUNTERS CHASE LOOP KISSIMMEE, FL 34743	Name: Street Address (P.O. Box Number is Not Acceptable): 3503 Sunset Isles Blvd City: Kissimmee FL Zip Code: 34746

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: Julissa Rodriguez — 4/6/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PVS RODRIGUEZ, JULISSA 3219 HUNTERS CHASE LOOP KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 3503 Sunset Isles Blvd Kissimmee, Fl 34746	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Julissa Rodriguez — 4/6/2006 — 407-908-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #