

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90398 031 ***150.00

DOCUMENT # P05000080745 1. Entity Name PATRY RODRIGUEZ, P.A.																																					
Principal Place of Business 15555 MIAMI LAKEWAY N. 302 MIAMI LAKES, FL 33014		Mailing Address 15555 MIAMI LAKEWAY N. 302 MIAMI LAKES, FL 33014																																			
2. Principal Place of Business 6501 MAIN STREET Suite, Apt. #, etc. # 202		3. Mailing Address 6501 MAIN STREET Suite, Apt. #, etc. # 202																																			
City & State MIAMI LAKES, FL Zip 33014		City & State MIAMI LAKES, FL Zip 33014																																			
Country US		Country US																																			
4. FEI Number 20-3185398		Applied For <input checked="" type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent RODRIGUEZ, PATRY 15555 MIAMI LAKEWAY N. 302 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 6501 MAIN STREET # 202 City MIAMI LAKES FL Zip Code 33014																																			
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 <u><i>Prodriguez</i></u> Patry Rodriguez (President) <u><i>4/14/06</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PRES RODRIGUEZ, PATRY 15555 MIAMI LAKEWAY N. #302 MIAMI LAKES, FL 33014 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES RODRIGUEZ, PATRY 15555 MIAMI LAKEWAY N. #302 MIAMI LAKES, FL 33014		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> (SAME) 6501 MAIN STREET, # 202 MIAMI LAKES 33014 </td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(SAME) 6501 MAIN STREET, # 202 MIAMI LAKES 33014		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u><i>Prodriguez</i></u> Patry Rodriguez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/14/06</i></u> (3) 942-6750 <small>Date Daytime Phone #</small>																																			