


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90448 044 ***150.00

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| DOCUMENT # P05000134310 |  |
| 1. Entity Name RODRIGUEZ CONSTRUCTION GROUP, INC. | |

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| Principal Place of Business 198 ARORA BLVD. 1507 ORANGE PARK, FL 32073 | Mailing Address 198 ARORA BLVD. 1507 ORANGE PARK, FL 32073 |
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| 2. Principal Place of Business 336 PECAN GROVE DRIVE Suite, Apt. #, etc. | 3. Mailing Address 336 PECAN GROVE DRIVE Suite, Apt. #, etc. |
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| City & State ORANGE PARK Florida | City & State ORANGE PARK Florida |
| Zip 32073 | Zip 32073 |
| Country USA | Country USA |

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| 6. Name and Address of Current Registered Agent RODRIGUEZ, MEDARDO 198 ARORA BLVD. APT 1507 ORANGE PARK, FL 32073 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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: *Medardo Rodriguez* (NOTE: Registered Agent signature required when reappointing) DATE

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RODRIGUEZ, MEDARDO 198 ARORA BLVD. APT 1507 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: *Medardo Rodriguez* 4-21-06 (904)449-5142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #