

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90059 047 ***150.00

DOCUMENT # P06000003947

1. Entity Name
RODRIGUEZ INSTALLATION CORP.



Principal Place of Business
**1234 ATLANTIC ST.
NORTH KANSAS CITY, MO 64116**

Mailing Address
**1234 ATLANTIC ST.
NORTH KANSAS CITY, MO 64116**

40029510



2. Principal Place of Business - No P.O. Box #
19750 NW 54 PL.
Suite, Apt. #, etc.

3. Mailing Address
19750 NW 54 PL.
Suite, Apt. #, etc.

03012007 Chg-P CR2E034 (12/06)

City & State
MIAMI GARDENS- FL
Zip
33055 Country
USA

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MIAMI GARDENS- FL
Zip
33055 Country
USA

4. FEI Number
20-4093131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN C
6869 NW 179TH ST., APT. 307
HIALEAH, FL 33015**

7. Name and Address of New Registered Agent

Name
RODRIGUEZ JUAN C
Street Address (P.O. Box Number is Not Acceptable)
19750 NW 54 PL.
City
MIAMI GARDENS FL Zip Code
33055

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

Signature, name 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JUAN C 6869 NW 179TH ST., APT. 307 HIALEAH, FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, ARLYS C 6869 NW 179TH ST., APT. 307 HIALEAH, FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ JUAN C 19750 NW 54 PL. MIAMI GARDENS- FL - 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ ARLYS C 19750 NW 54 PL MIAMI GARDENS- FL - 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date

786-395-6910

Daytime Phone #