

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90070 010 \*\*\*150.00

**DOCUMENT # P06000031524**

1. Entity Name  
**BRENDA RODRIGUEZ, PA.**



**40002034**



Principal Place of Business  
**7951 S.W. 40 STREET  
SUITE 206  
MIAMI, FL 33155**

Mailing Address  
**7951 S.W. 40 STREET  
SUITE 206  
MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box #

**14228 SW 17 Street**

3. Mailing Address

**14228 SW 17 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-P

CR2E034 (12/06)

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**20-4636265**

Applied For

Not Applicable

Zip

**33175**

Country

**USA**

Zip

**33175**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, BRENDA  
7951 S.W. 40 STREET  
SUITE 206  
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **BRENDA Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)  
**14228 SW 17 Street**

City **Miami**

**FL**

Zip Code

**33175**

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

*Brenda Rodriguez*

**1/8/08**

Signature of individual or printed name of registered agent and title if not an individual.

(NOTE: Registered Agent signature required when changing.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 **PTD** ☒ Delete  
NAME **TELLEZ, MARIA**  
STREET ADDRESS **7951 S.W. 40 STREET, SUITE 206**  
CITY-STATE-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **VSD** ☐ Delete  
NAME **RODRIGUEZ, BRENDA**  
STREET ADDRESS **7951 S.W. 40 STREET, SUITE 206**  
CITY-STATE-ZIP **MIAMI, FL 33155**

TITLE **President** ☒ Change ☐ Addition  
NAME **Rodriguez Brenda**  
STREET ADDRESS **14228 SW 17 St.**  
CITY-STATE-ZIP **Miami, FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

*Brenda Rodriguez*

**1/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #