


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90043 029 ***158.75

DOCUMENT # P07000128884 1. Entity Name CARMEN I. RODRIGUEZ, P.A.					
Principal Place of Business 2541 NW 140TH STREET MIAMI, FL 33054			Mailing Address 2541 NW 140TH STREET MIAMI, FL 33054		
2. Principal Place of Business - No P.O. Box # 17240 NW 04 AVE		3. Mailing Address 17240 NW 04 AVE			
Suite, Apt. #, etc. Apt 302		Suite, Apt. #, etc. Apt 302			
City & State Hialeah FL		City & State Hialeah FL			
Zip 33015		Country USA		4. FEI Number 26-2044337	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FORECLOSURE TREE AND DOCUMENT SERVICE LLC. 6913 NW 77 AVE, MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Carmen Rodriguez Street Address (P.O. Box Number is Not Acceptable) 17240 NW 04 AVE Apt 302 City Hialeah FL Zip Code 33015		
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>Carmen Rodriguez</i></u> DATE <u>3/3/08</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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P RODRIGUEZ, CARMEN I 2541 NW 140TH STREET OPA LOCKA, FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodriguez, Carmen I 17240 NW 04 AVE Apt 302 Hialeah FL, 33015	
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	
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	
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	
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	
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	
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>Carmen Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/3/08</u> Daytime Phone # <u>786-282-0873</u>		