


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

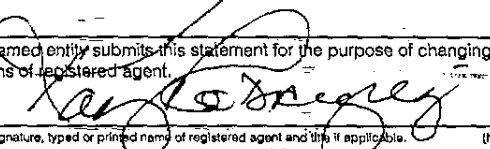
FILED
Jun 09, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P93000058316 1. Entity Name KAY RODRIGUEZ, INC. |  |
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| Principal Place of Business 7260 RESERVE CREEK DR PORT SAINT LUCIE, FL 34986 US | Mailing Address 7260 RESERVE CREEK DR PORT SAINT LUCIE, FL 34986 US |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent RODRIGUEZ, KAY 7260 RESERVE CREEK DRIVE PORT SAINT LUCIE, FL 34986 | DO NOT WRITE IN THIS SPACE |
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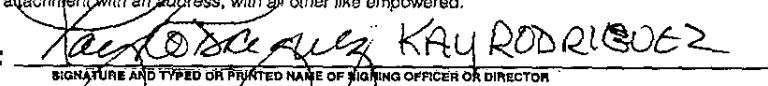
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. | SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE: 6-6-05 |
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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, KAY 7260 RESERVE CREEK DRIVE PORT SAINT LUCIE, FL 34986 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, GEORGE 7260 RESERVE CREEK DRIVE PORT SAINT LUCIE, FL 34986 |
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06/09/05-80001-008 150.00

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE: 6-6-05 | DAYTIME PHONE #: 772 467 0555 |
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