

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90001 002 ***150.00

DOCUMENT # P94000086763

1. Entity Name
BLAS RODRIGUEZ Y ASOCIADOS, INC.



Principal Place of Business
**1862 S CLUB DRIVE
WEST PALM BEACH, FL 33414**

Mailing Address
**1862 S CLUB DRIVE
WEST PALM BEACH, FL 33414 US**

50000347



01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0569833		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent RODRIGUEZ, BLAS M 1862 S CLUB DRIVE WEST PALM BEACH, FL 33414		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D RODRIGUEZ, BLAS M 1862 S CLUB DRIVE WEST PALM BEACH, FL 33414 <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	VS RODRIGUEZ, ROBERT B 4208 MULBERRY PL WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT B. RODRIGUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 809 BLUEBERRY DR. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, MARIO A 4074 SE SPINNAKER AVE PT ST LUCIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIO A. RODRIGUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 317 NW-SOMERSET CR. PT. ST. LUCIE, FL 34903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, MICHAEL A 4208 MULBERRY PL WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL A. RODRIGUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10696 GRANDE BLVD. WEST PALM BEACH, FL 33412
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 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: Blas M. Rodriguez **BLAS M. RODRIGUEZ** 1/5/05 561-795-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #