

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**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**



02122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0569833**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, BLAS M  
1862 S CLUB DRIVE  
WEST PALM BEACH, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME RODRIGUEZ, BLAS M  
STREET ADDRESS 1862 S CLUB DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE VS  
NAME RODRIGUEZ, ROBERT B  
STREET ADDRESS 809 BLUEBERRY DR  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE V  
NAME RODRIGUEZ, MARIO A  
STREET ADDRESS 317 NW SOMERSET CR  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE V  
NAME RODRIGUEZ, MICHAEL A  
STREET ADDRESS 10696 GRANDE BLVD  
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000520064  
05/02/06-80080-012 150.00

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT B. RODRIGUEZ 4/16/06**

Date

Daytime Phone #