


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90027 029 ***150.00

DOCUMENT # P94000092258

1. Entity Name
RODRIGUEZ & URIARTE P.A



Principal Place of Business Mailing Address

~~941 FOURTH STREET #200 MIAMI BEACH FL 33139 US~~ **4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418 US**

04011172



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

11380 Prosperity Farms Rd **11380 Prosperity Farms Rd**

Suite, Apt. #, etc. **221E** Suite, Apt. #, etc. **221E**

City & State City & State

Palm Beach Gardens FL **Palm Beach Gardens FL**

Zip Country Zip Country

33410 Palm Beach **33410 Palm Beach**

4. FEI Number **65-0541413** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC
941 FOURTH STREET
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name **Corporate Creations Network Inc.**

11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

FL Zip Code **33410**

8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Nallita Diaz** **Asst. Secretary** DATE **2/16/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete URIARTE, LUIS 941 FOURTH STREET # 200 MIAMI FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CEO RODRIGUEZ, FRANK A 4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Asst. Secretary Nallita Diaz 11380 Prosperity Farms Rd #221E Palm Beach Gardens, FL 33410
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"/> Change <input type="checkbox"/> Addition
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: **Nallita Diaz** **Nallita Diaz** DATE **2/16/04** DAYTIME PHONE # **305-694-8107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR