

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90045 008 \*\*\*150.00

<b>DOCUMENT # P95000062258</b>																													
<b>1. Entity Name</b> JOSE RODRIGUEZ, P.A.																													
<b>Principal Place of Business</b> 10410 STONE GLEN DR ORLANDO, FL 32825			<b>Mailing Address</b> 10410 STONE GLEN DR ORLANDO, FL 32825																										
<b>2. Principal Place of Business</b> 4738 BUTTERBOUGH AVE.			<b>3. Mailing Address</b> 4738 BUTTERBOUGH AVE.																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		<b>4. FEI Number</b> 59-3328492																									
<b>Zip</b> 32829		<b>Country</b> USA		<b>Applied For</b> Not Applicable																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01292005 Chg-P CR2E034 (10/03)																									
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, JOSE 10410 STONE GLEN DR ORLANDO, FL 32825			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____																										
<b>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.</b> SIGNATURE: _____ DATE: 2/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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<b>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.</b>																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/1/05 (407) 579-4049																										