

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000068028

1. Entity Name
LOURDES A. RODRIGUEZ, P.A.



Principal Place of Business

1575 WEST INA ROAD
TUCSON, AR 85704

Mailing Address

1575 WEST INA ROAD
TUCSON, AR 85704



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0627915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUERTAS, NORKI
4343 WEST FLAGLER STREET
SUITE 101
MIAMI, FL 33134

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IN THIS SPACE**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature of person or printed name of registered agent and fee, if applicable

(NOT a registered Agent signature required when requesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, LOURDES A
STREET ADDRESS	1575 WEST INA ROAD
CITY-STATE-ZIP	TUCSON, AR 85704
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/27/05-80030-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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. 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 520 850 1950.