

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90077 042 \*\*\*150.00

**DOCUMENT # P95000096567**  
1. Entity Name  
**JOSE A. RODRIGUEZ, P.A.**

Principal Place of Business <b>c/o Jose A. Rodriguez, Esq.</b>	Mailing Address <b>c/o Jose A. Rodriguez, Esq.</b>
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2. Principal Place of Business <b>100 SE 2<sup>nd</sup> Street</b>	3. Mailing Address <b>100 SE 2<sup>nd</sup> Street</b>
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Suite, Apt. #, etc. <b>Suite 2900</b>	Suite, Apt. #, etc. <b>Suite 2900</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33131</b>	Country <b>US</b>	Zip <b>33131</b>	Country <b>US</b>
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4. FEI Number <b>65-0628317</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**50021359**

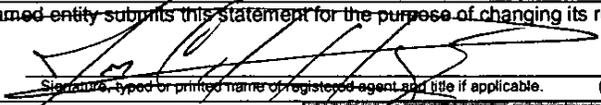
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name <b>Jose A. Rodriguez, Esq.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. Second Street</b>
<b>Suite 2900</b>
City <b>Miami</b>
State <b>FL</b>
Zip <b>33131</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.

SIGNATURE  **2/24/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$150.00 DUE BY MAY 1, 2005		Make Check Payable to Florida Department of State
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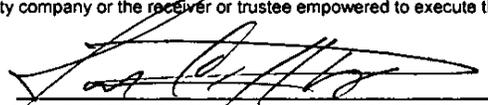
9. MANAGING MEMBERS/ MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rodriguez, Jose A</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>Rodriguez, Jose A</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input checked="" 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

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>Rodriguez, Jose A</b> <b>100 SE 2<sup>nd</sup> Street, Suite 2900</b> <b>Miami, FL 33131</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  **2/24/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #