

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000061104 1. Entity Name MARIO E. RODRIGUEZ, CPA, P.A.	
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Principal Place of Business PO BOX 1846 KEY WEST, FL 33041 US	Mailing Address PO BOX 1846 KEY WEST, FL 33041 US
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05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3520080	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MARIO E CPA 17282 COBIA CT SUGARLOAF KEY, FL 33042
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**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 fee if applicable (NOTE: Registered Agent signature required when registering) D-11

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

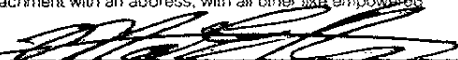
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000160585
05/17/04-80004-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P RODRIGUEZ, MARIO 17282 COBIA CT SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY ST ZIP	S RODRIGUEZ, MARY BETH 17282 COBIA CT SUGARLOAF KEY, FL 33042
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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, 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

 305-282-2013
Date Daytime Phone #