


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S28332</b> 1. Entity Name RODRIGUEZ & QUINCOCES, P.A.	
---	--

Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES, FL 33134 US	Mailing Address 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES, FL 33134 US
---	---



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0242444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, ANA QUINCOCES  
2121 PONCE DE LEON BLVD  
SUITE 1035  
CORAL GABLES, FL 33134

**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:  ANA QUINCOCES RODRIGUEZ 1-13-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	D RODRIGUEZ, ROBERT W., 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES, FL 33134
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, ANA QUINCOCES 2121 PONCE DE LEON BLVD SUITE 1035 CORAL GABLES, FL 33134
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

1100000385648  
01/19/06-80007-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Robert W. Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06  
Date

(305) 444.1446  
Daytime Phone #