


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90024 035 ***150.00

DOCUMENT # V52327 1. Entity Name RAMON M. RODRIGUEZ, ESQUIRE, P.A.	
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Principal Place of Business 780 N W LEJEUNE RD STE - 325-A MIAMI, FL 33126 US	Mailing Address 780 N W LEJEUNE RD STE - 325-A MIAMI, FL 33126 US
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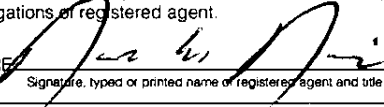
2. Principal Place of Business - No P.O. Box # 782 N.W. LeJeune Road	3. Mailing Address 782 N.W. LeJeune Road
Suite, Apt. #, etc. Suite 537	Suite, Apt. #, etc. Suite 537
City & State Miami, FL	City & State Miami, FL
Zip 33126	Country USA

4. FEI Number 65-0348560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent RODRIGUEZ, RAMON M 780 N W LEJEUNE RD STE - 325-A MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Rodriguez, Ramon M. Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LeJeune Road Suite 537 City Miami
	State FL
	Zip Code 33126

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:  **Ramon M. Rodriguez, Director** 02/14/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON M
STREET ADDRESS	780 N W LEJEUNE ROAD
CITY-ST-ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Ramon M.
STREET ADDRESS	782 N.W. LeJeune Road, Suite 537
CITY-ST-ZIP	Miami, FL 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Ramon M. Rodriguez	02/14/07 (305) 448-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #