

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.



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**

2. Principal Place of Business - No P.O. Box #
**782 N.W. LeJeune Road
Suite, Apt. #, etc.
Suite 537**

3. Mailing Address
**782 N.W. LeJeune Road
Suite, Apt. #, etc.
Suite 537**

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
USA

Zip
33126

Country
USA

02142007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0348560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 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

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, 2007 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, RAMON M 780 N W LEJEUNE ROAD MIAMI, FL	<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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon M. Rodriguez

02/14/07 (305) 448-2008

Date

Daytime Phone #