

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90004 047 \*\*\*150.00

**DOCUMENT # 437443**

1. Entity Name  
**RODLIN CORP.**



Principal Place of Business  
**4201 COLLINS AVE**  
**APT 903**  
**MIAMI, FL 33140**

Mailing Address  
**4201 COLLINS AVE**  
**APT 903**  
**MIAMI, FL 33140**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

07022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1486877**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**PEREZ, EROTIDA**  
**4201 COLLINS AVE**  
**APT-903**  
**MIAMI BEACH, FL 33140**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Erotida Perez*  
 Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **ST**  Delete  
 NAME **PEREZ, JORGE L.**  
 STREET ADDRESS **4201 COLLINS AVE APT 1203**  
 CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **P**  Delete  
 NAME **PEREZ, EROTIDA**  
 STREET ADDRESS **4201 COLLINS AVE APT 903**  
 CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Erotida Perez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #