## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

ANNOAL	REPORT	•	Apr 04, 2005 06:00 .
DOCUMENT # 663202  1. Entity Name ROD INVESTMENT CORPORATION	<b>\</b>		Secretary of State
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145		
DO NOT WRITE		CE	01072005 No Chg-P CR2E034 (10/03)  4. FEI Number
•			
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY			DO NOT WRITE
SUITE 200 'MIAMI, FL 33145			IN THIS SPACE
WILLIAM E OO INO			
8. The above named entitle 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. When relitations of registered agent and the ill applicable. (NOTE: Registered Agent signature required when relatations)  OATE  PILE NOWIII FEE 13 \$150.00  9. Election Campaign Financing \$5.00 May Be			
After May 1, 2005 Fee will be \$550.0	_	Adde	ed to Fees
10. OFFICERS AND  TITLE PSTD  NAME RODRIGUEZ, CLAUDIO  STREET ADDRESS 738 NW 72ND STREET	DIRECTORS		
STREET ADDRESS 738 NW 72ND STREET CITY-ST-ZIP MIAMI, FL		<u> </u>	U00000286467 04/04/05-80030-011 150.00
TITLE TD NAME RODRIGUEZ, GILDA STREET ADDRESS 738 NW 72ND STREET CITY-ST-ZIP MIAMI, FL			04/04/05~8003U-UII ISO.UU
TITLE		· · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-SY-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
ITILE		9.52 1	
NAME STREET ADDRESS	:		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
HTLE NAME			
STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling 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 of 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:	$\sim$		Date Daytime Proce #
GIL DA ROBRIGUEZ TRENSURER.  Date / Destine Proce #			
GILDA RUDRIGUEC   TREMSURER			