2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 A **DOCUMENT # P04000159685** Secretary of State 1. Entity Name RODRIGUEZ BACKHOE SERVICE, INC. Principal Place of Business Mailing Address 4238 SW 95TH AVE 4238 SW 95TH AVE MIAMI, FL 33165 MIAMI, FL 33165 03042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1938368 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN DO NOT WRITE 4238 SW 95TH AVE MIAM!, FL 33165 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 Signature, typicd or printed name of registered agent and bitin if applicable (NOTE Registered Agent signature required when reinstating) 000000853076 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be ევ/26/08-80055-009 150.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, JUAN NAME 4238 SW 95TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE RODRIGUEZ, JOAN NAME STREET ADDRESS 4238 SW 95TH AVE CITY-ST-ZIP MIAMI, FL 33165 TITLE RODRIGUEZ, NELIDA NAME STREET ADDRESS 4238 SW 95TH AVE DO NOT WRITE MIAMI, FL 33165 City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY: ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08

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FILED