


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90028 049 ***158.75

DOCUMENT # 486831	
1. Entity Name RODY TRUCK CENTER CORP.	

Principal Place of Business 2479 NW 36 ST MIAMI, FL 33142	Mailing Address 2479 NW 36 ST MIAMI, FL 33142
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94040152

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

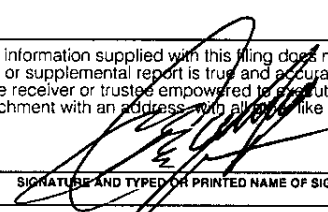
03232004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1624595	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GOMEZ, RODOVALDO 18671 COLLINS AVE #3304 SUNNY ISLES BEACH, FL 33160	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, RODOVALDO	NAME
STREET ADDRESS	18671 COLLINS AVE #3304	STREET ADDRESS
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP
TITLE	VSD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, YRMA C.	NAME
STREET ADDRESS	18671 COLLINS AVE #3304	STREET ADDRESS
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP
TITLE	V <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRASCO, RENE I	NAME
STREET ADDRESS	15040 SW 51ST ST	STREET ADDRESS
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP
TITLE	V <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, RODY	NAME
STREET ADDRESS	1260 STARLING AVE	STREET ADDRESS
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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 the like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	RENE I. CARRASCO EXECUTIVE VICE PRESIDENT Date: 3-24-04 Daytime Phone #: 305-638-3513