

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486831

FILED
Mar 20, 2007
Secretary of State

Entity Name: RODY TRUCK CENTER CORP.

Current Principal Place of Business:

2479 NW 36 ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2479 NW 36 ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-1624595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, RODOVALDO
2479 N W 36 STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOMEZ, RODOVALDO,
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: VSD () Delete
Name: GOMEZ, YRMA C.,
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: CARRASCO, RENE I
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: GOMEZ, RODY
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: GOMEZ DE MOLINA, SABY
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: VP (X) Delete
Name: GOMEZ DE MOLINA, JAVIER
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GOMEZ, RODY
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABY GOMEZ DE MOLINA

VP

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date