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## **2004 FOR PROFIT CORPORATION**

2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 26, 2004 8:00 am Secretary of State		
DOCUMENT # 584057  1. Entity Name RODAMA INVESTMENT, INC.					04 91012 005 ***150.00	
Principal Place of Business 1699 CORAL WAY SUITE 510 MIAMI, FL 33145		Mailing Address 1699 CORAL WAY SUITE 510 MIAMI, FL 33145		hadde drainest bleir wordt bleir	54042263	
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address 1901 5.w. 12 A.e. Suite, Apt. #, etc.		04202004 Chg-P	CR2E034 (10/03)	
City & State		City & State Miani,	Florida	4. FEI Number 59-1854919	Applied For Not Applicable	
Zip	Country  6. Name and Address of Current F	Zip 33129 Registered Agent	Country	Certificate of Status Desir     Name and Address of No.	Fee Required	
MARTINEZ, RICARDO CID 1699 CORAL WAY STE 512 MIAMI, FL 33145			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
·			City	<u> </u>		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	ered agent, or both, in the State of	of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Cont	· · - ·	5.00 May Be ded to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P FRANCO, JOSE J 1699 CORAL WAY SUITE 510 MIAMI, FL 33145	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCO, GIANNA M 1699 CORAL WAY SUITE 510 MIAMI, FL <sup>2</sup> 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ-CID, RIÇARDO 1699 CORAL WAY SUITE 510 MIAMI, FL 33145	☐ Délete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation or the receiver or trustee emporation.	true and accurate and that r	ny signature shall have the	same legal effect as if made un	tes. I further certify that the information der oath; that I am an officer or director name appears in Block 10 or Block 11 if	