2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F71459

1. Entity Name
RODEX, INC.

Principal Place of Business	Mailing Address
1800 OLD OKEECHOBEE RD., #202 WEST PALM BEACH, FL 33409	P.O. BOX 17918 WEST PALM BEACH, FL 33416

03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2268155
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, WADE R.
350 ROYAL PALM WAY
PALM BEACH, FL 33480

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BYRD, WADE R
STREET ADDRESS	340 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL
TITLE	PD
NAME	FARINAS, HERMINIA
STREET ADDRESS	339 ROYAL POINCIANA PL
CITY-ST-ZIP	PALM BEACH, FL
TITLE	TD
NAME	VILAR, ERNESTO A.
STREET ADDRESS	339 ROYAL POINCIANA PLZ
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000259243
03/11/05-80017-012 150.00

DO NOT WRITE IN THIS SPACE

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 other like empowered.

ERNESTO A. VILAR P.D.

SIGNATURE: _____ 3/9/05 (561) 471-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #