

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-30-2008 90167 042 ***150.00

DOCUMENT # F71459
 1. Entity Name
RODEX, INC.



Principal Place of Business
**1800 OLD OKEECHOBEE RD., #202
 WEST PALM BEACH, FL 33409**

Mailing Address
**P.O. BOX 17918
 WEST PALM BEACH, FL 33416**

DO NOT WRITE IN THIS SPACE

66012959



04092008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

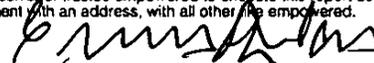
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRD, WADE R 350 ROYAL PALM WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARINAS, HERMINIA 1800 OLD OKEECHOBEE RD 202 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILAR, ERNESTO A. 1800 OLD OKEECHOBEE RD 202 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 the empowered.

SIGNATURE:  Date: **5/28/08** Daytime Phone: **5614715100**