


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 007 ***150.00

DOCUMENT # F96356 1. Entity Name RODAN MARKETING CORPORATION	
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Principal Place of Business 17101 NE 19TH AVE STE 204 N MIAMI BEACH, FL 33162	Mailing Address 17101 NE 19TH AVE STE 204 N MIAMI BEACH, FL 33162
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2. Principal Place of Business 17000 N BAY ROAD Suite, Apt. #, etc. #601 City & State SUNNY ISLES BEACH FL Zip 33160 Country USA	3. Mailing Address 17000 N BAY ROAD Suite, Apt. #, etc. #601 City & State SUNNY ISLES BEACH FL Zip 33160 Country USA
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50050309



04082005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2227845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDOVIC, ROBERT 17101 NE 19 AVE. SUITE #204 NORTH MIAMI BEACH, FL 33162	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17000 N BAY ROAD #601 City SUNNY ISLES BEACH FL Zip Code 33160	

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 ROBERT DAVIDOVIC 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAVIDOVIC, ROBERT 17101 NE 19TH AVE., STE 204 N MIAMI BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 17000 N BAY ROAD #601 SUNNY ISLES BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: ROBERT DAVIDOVIC Date 786-246-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR