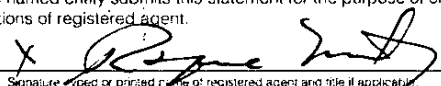
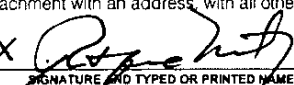


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90039 045 ***150.00

DOCUMENT # F97140 1. Entity Name RODOMAR INC.					
Principal Place of Business % ROQUE MARTIN 8370 SW 32ND ST MIAMI, FL 33155			Mailing Address % ROQUE MARTIN 8370 SW 32ND ST MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 4200 SW 84 Ct Suite, Apt. #, etc.		3. Mailing Address 4200 SW 84 Ct Suite, Apt. #, etc.		40014130 	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-2214906	
Zip 33155		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, ROQUE 8370 SW 32ND ST MIAMI, FL 33155				7. Name and Address of New Registered Agent Name MARTIN, ROQUE Street Address (P.O. Box Number is Not Acceptable) 4200 SW 84 Ct City Miami FL Zip Code 33155	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MARTIN, ROQUE 8370 SW 32ND ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	4200 SW 84 Ct Miami, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MARTIN, DORA M. 8370 SW 32ND ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	4200 SW 84 Ct Miami, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MARTIN, MARIA T 8370 SW 32ND ST MIAMI, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 like empowered.					
SIGNATURE:  Roque Martin Pres				Date: 1/22/08	