


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 037 ***150.00

DOCUMENT # K18854
1. Entity Name
RODAN DEVELOPMENT CORP.



Principal Place of Business
**2101 CORPORATE BLVD NW
STE 107
BOCA RATON, FL 33431 US**

Mailing Address
**% BARRY GOODMAN
8363 NW 54TH STREET
MIAMI FL 33166 US**

*5297 PRINCETON WAY
BOCA RATON FL 33496*

54068514



05142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0040517

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**M & W AGENTS, INC.
9400 S. DADELAND BLVD. #1707 PHH
MIAMI, FL 33156
BOCA CORPORATE CENTER
2101 CORPORATE BLVD., STE. 107
BOCA RATON, FLORIDA 33431**

**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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE: **8/12/04**

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOODMAN, BARRY
STREET ADDRESS	8363 NW 54 ST <i>5297 PRINCETON WAY</i>
CITY-ST-ZIP	MIAMI, FL <i>BOCA RATON, FL 33496</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/12/04

Enclosed please find check and paperwork that was filled back in April. It was returned to us because it was separated from paperwork.

Please process.

Sincerely

Barry Goodman

Also enclosed:

- ① original check*
- ② copy of original paperwork*
- ③ new FORM K18854*

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: *[Signature]* **Barry Goodman** *8/12/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *8/12/04* Daytime Phone #: *561-445-3049*

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

5240685714

DOCUMENT # K18854 1. Entity Name RODAN DEVELOPMENT CORP.		
Principal Place of Business 2101 CORPORATE BLVD NW STE 216 BOCA RATON, FL 33431 US		Mailing Address % BARRY GOODMAN 8363 NW 54TH STREET MIAMI, FL 33166 US
2. Principal Place of Business 5297 Princeton Way Suite, Apt. #, etc.		3. Mailing Address 5297 Suite, Apt. #, etc.
City & State Boca Raton, Florida Zip 33496		City & State Boca Raton, Florida Zip 33496
Country USA		Country USA
4. FEI Number 65-0040517		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 M & W AGENTS, INC. 9100 S. DADELAND BLVD. #1707 PH1 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: <u>BARRY GOODMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>5297 Princeton Way</u> City: <u>Boca Raton</u> FL Zip Code: <u>33496</u>
8. The above named party 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, the registered agent.		
SIGNATURE: <u>Barry Goodman</u> <small>Signature of Agent or Registered Agent to be replaced</small>		DATE: <u>4/29/04</u> <small>DATE Registered Agent signs to require an amendment</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: <input type="checkbox"/> Delete NAME: <u>D GOODMAN, BARRY</u> STREET ADDRESS: <u>8363 NW 54 ST</u> CITY-ST-ZIP: <u>MIAMI, FL</u>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>P, VP, FID</u> STREET ADDRESS: <u>5297 Princeton Way</u> CITY-ST-ZIP: <u>Boca Raton, Florida 33496</u>	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>S/B WENDY GOODMAN</u> STREET ADDRESS: <u>5297 Princeton Way</u> CITY-ST-ZIP: <u>Boca Raton, FL 33496</u>	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or or an attachment with an address, with all other information.		
SIGNATURE: <u>Barry Goodman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		DATE: <u>4/29/04</u> ⁵²¹ <u>445-3049</u> <small>DATE</small>