


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90186 008 ***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 5297 PRINCETON WAY BOCA RATON, FL 33496 US
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50036293



2. Principal Place of Business 5297 Princeton Way	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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03302005 Chg-P CR2E034 (10/03)

City & State BOCA RATON, FL	City & State
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4. FEI Number 65-0040517	Applied For <input type="checkbox"/> Not Applicable
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Zip 33496	Country USA	Zip	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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M & W AGENTS, INC. BOCA CORPORATE CENTER 2101 CORPORATE BLVD., STE 107 BOCA RATON, FL 33431
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Name Barry Goodman
Street Address (P.O./Box Number is Not Acceptable) 5297 Princeton Way
City BOCA RATON
State FL
Zip Code 33496

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: **Barry Goodman** **Barry Goodman** **4/6/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 D	<input type="checkbox"/> Delete	TITLE Principal/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOODMAN, BARRY		NAME	
STREET ADDRESS 5297 PRINCETON WAY		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33496		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: **Barry Goodman** **Barry Goodman** **4/6/05** **561-445-3049**
Signature and typed or printed name of signing officer or director Date Daytime Phone #