


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059749		
1. Entity Name D-ROD AUTO, INC.		

Principal Place of Business 698 S.E. EVERGREEN TERR. PORT ST. LUCIE, FL 34983-3208	Mailing Address 698 S.E. EVERGREEN TERR. PORT ST. LUCIE, FL 34983-3208
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 OCT 11 PM 12:55  
**REINSTATEMENT** 04



09302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1115858	Applied For <input type="checkbox"/> Not Applicable
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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  RODRIGUEZ, DANIEL E- 698 S.E. EVERGREEN TERR. PORT ST. LUCIE, FL 34983-3208		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	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	D RODRIGUEZ, DANIEL E 698 S.E. EVERGREEN TERR. PORT ST. LUCIE, FL 349833208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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400041951414  
10/18/04--01088--023 \*\*150.00

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:  10/3/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/2

Dear Sir:

Enclosed is my check for \$150.00 for the Annual Report Fee. We never received the invoice in May.

We never received any subsequent invoices. Our location was destroyed from the two hurricanes and we are in the process of locating another rental property.

Thank you for your consideration in waiving the penalty

Daniel Rodriguez

A handwritten signature in black ink, appearing to read 'Daniel Rodriguez', with a stylized, flowing script.