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Apr 30, 2004 8:00 am
Secretary of State

04-07-2004 90015 023 ***158.75

4/7/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000000937

1. Entity Name
RODROS TRUCKING, CORP.

Principal Place of Business	Mailing Address
10826 N KENALL DR APT 1 MIAMI, FL 33176	10826 N KENALL DR APT 1 MIAMI, FL 33176

04042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
210 Fontainebleau Blv	P.O. Box 227453
Suite, Apt. #, etc. 402	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33172 Country U.S.A.	Zip 33122 Country U.S.A.

4. FEI Number 47-0906132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JAVIER 10826 N KENALL DR APT 1 MIAMI, FL 33176	Name Hector Nestril Street Address (P.O. Box Number is Not Acceptable) 210 Fontainebleau Blv #402 City Miami FL Zip Code 33172

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 Hector Nestril 4/5/04
** 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, 2004 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	P RODRIGUEZ, JAVIER 10826 N KENALL DR APT 1 MIAMI, FL 33176	☑ Delete	Pres, Director, Sec, Treas, Nestril, Hector P.O. Box 227453, Miami, FL, 33122	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANCHEROS, ALBA L 10826 N KENALL DR APT 1 MIAMI, FL 33176	☑ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Hector Nestril 4/5/04 305-726-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #