2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							4				
DOCUMENT # P03000052099 1. Entity Name RODKO, INC.						'	05 APR 18 AM 9: 19				
Principal Place 11950 NW 3 SUNRISE, FL	4 PL	S	Mailing Address 11950 NW 34 PL SUNRISE, FL 33323							11 611 1 11 11	
2. Principal P	lace of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142004	Chg-P	CR2E034 (10/03)	05	
City & State			City & State			4. FEI Number	3121319		\rightarrow	olied For Applicable	
Zip	Country		Zip	Count			of Status Desired	\$8. ⁻	75 Addi Required		
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	gistered Agen	t		
RODRIGUEZ, EDWARD I 11950 NW 34 PL SUNRISE, FL 33323					Name Street Address (P.O. Box Number is Not Acceptable)						
					City			E1	Zip Code		
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.										and accept	
SIGNATURE 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 \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIR	ECTORS	IN 11	
TITLE	D	UEZ EDMADD I	Delete	E				Change	☐ Addition		
NAME Street Address City-St-Zip	11950 NV	UEZ, EDWARD I V 34 PL E, FL 33323		IE EET ADDRESS '-ST-ZIP	S i 05/0	00054 (6/0501072	0162: 2-001	96 **150	.00		
TITLE	D		☐ Delete	E				Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	11950 NV	UEZ, YVONNE A V 34 PL E, FL 33323		EET ADORESS '- ST- ZIP							
TITLE	00/1/1/02	., , , , , , , , , , , , , , , , , , ,	☐ Delete	E	•			Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STRI	EET ADDRESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAV					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM					Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP				cm	EET ADORESS '- 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 supplied that 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 secute 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 attack that it is address, with all other like ampowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											