


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90015 025 \*\*\*150.00

|   |                                    |   |  |  |  |
|---|------------------------------------|---|--|--|--|
| <b>DOCUMENT # P03000058449</b><br>1. Entity Name<br><b>ANDY AUTO-TRUCK RUSTPROOFING, INC.</b>   |                                    |   |  |   |  |
| Principal Place of Business<br><b>13305 SW 88 AVE.<br/>MIAMI, FL 33176</b>  |                                    |   | Mailing Address<br><b>13305 SW 88 AVE.<br/>MIAMI, FL 33176</b>               |  |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |  |  |  |
| City & State  |                                    | City & State  |  |  |  |
| Zip   | Country                            | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |                                    |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>RODRIGUEZ, ANDRES</b><br><b>13305 SW 88 AVE.</b><br><b>MIAMI, FL 33176</b>   |                                    |   |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE: <u>Andres Rodriguez</u> <u>Andres S. Rodriguez</u> <u>03/25/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                    |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |  |  |
| TITLE   | PD <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | RODRIGUEZ, ANDRES                  |   | NAME   |  |  |
| STREET ADDRESS  | 13305 SW 88 AVE.                   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33176                    |   | CITY-ST-ZIP  |  |  |
| TITLE   | VD <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | RODRIGUEZ, EDICKSON                |   | NAME   |  |  |
| STREET ADDRESS  | 13305 SW 88 AVE.                   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33176                    |   | CITY-ST-ZIP  |  |  |
| TITLE   | SD <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | KHALEG, GLADYS                     |   | NAME   |  |  |
| STREET ADDRESS  | 13305 SW 88 AVE.                   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33176                    |   | 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 of 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: <u>Andres Rodriguez</u> <u>Andres S. Rodriguez</u>   |                                    |   | <u>03/25/04</u> <u>(305) 233-6050</u><br><small>Date Daytime Phone #</small> |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                    |   |  |  |  |