2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2008 08:00 AN **DOCUMENT # P03000125217 Secretary of State** 1. Entity Name CAR-RODS INC. Mailing Address Principal Place of Business 7231 SW 42 ST 7231 SW 42 ST MIAMI, FL 33155 MIAMI, FL 33155 CR2E034 (11/05) 01032008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-0381253 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RODRIGUEZ, CARLOS JR DO NOT WRITE 7231 SW 42 ST MIAMI, FL 33155 IN THIS SPACE 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 CAMOS KODRIWIEZ (NOTE: Registered Agent signisture required when reinstating) Signature, typed or printed ni FILE NOW!!! FEE IS \$150.00 3 After May 1; 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 1 OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, CARLOS JR NAME 5831 SW 51 TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 U00000774129 n1/07/08-80002-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP ПТЕ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 305-267 5597 KODRIGUEZ SIGNATURE: 2 4. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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