2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 31, 2004 8:00 am **Secretary of State** DOCUMENT # P03000153995 1. Entity Name 03-31-2004 90032 011 ***150.00 RODMON, INC. Principal Place of Business Mailing Address 2508 BRIDGEWOOD DR. 2508 BRIDGEWOOD DR. **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 20-0337217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANIA MORALES & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 15354 S.W. 41 TERR. MIAMI FL 33185 City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition NAME BURGER, CARLOS C NAME STREET ADDRESS 2508 BRIDGEWOOD DR. STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change RODRIGUEZ, CONSELO NAME MARKE STREET ADDRESS 2508 BRIDGEWOOD DR. STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP TIT) F Delete TITLE ☐ Change Addition -Name BURGER, FROHUMD NAME STREET ADDRESS 2508 BRIDGEWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE ☐ Delete TITLE Chànge Addition RODRIGUEZ, LEONARDO A NAME NAME STREET ADDRESS 2508 BRIDGEWOOD DR. STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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 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 adolfass, with all other like empowered.

CONSUELO PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED