


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90030 009 ***150.00

DOCUMENT # P03000153995 1. Entity Name RODMON, INC.					
Principal Place of Business 2508 BRIDGEWOOD DR. BOCA RATON, FL 33434			Mailing Address 2508 BRIDGEWOOD DR. BOCA RATON, FL 33434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 20-0337217	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANIA MORALES & ASSOCIATES 15354 S.W. 41 TERR. MIAMI, FL 33185				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURGER, CARLOS C	NAME			
STREET ADDRESS	2508 BRIDGEWOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, CONSELO	NAME	RODRIGUEZ, CONSUELO		
STREET ADDRESS	2508 BRIDGEWOOD DR.	STREET ADDRESS	2508 BRIDGEWOOD DR		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	BOCA RATON, FL 33434		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURGER, FROHUMD	NAME			
STREET ADDRESS	2508 BRIDGEWOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, LEONARDO A	NAME			
STREET ADDRESS	2508 BRIDGEWOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	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 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: <u>LEONARDO RODRIGUEZ</u> 3/21/2005 487-3402 (561)					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					