


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
Jun 06, 2005 8:00 am
Secretary of State

04-27-2005 90299 023 ***150.00

DOCUMENT # P04000015216			
1. Entity Name RODISA INC.			
Principal Place of Business 7850 WEST MCNAB RD., STE. 318 TAMARAC, FL 33321		Mailing Address 7850 WEST MCNAB RD., STE. 318 TAMARAC, FL 33321	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 55-0839466		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MONIQUE TRONCONE, CPA, P.A. 499 EAST PALMETTO PARK RD., STE. 207 BOCA RATON, FL 33432		Name T. Sabel Ramirez Street Address (P.O. Box Number is Not Acceptable) 7850 W. McNab Rd #318 City Tamarac FL Zip Code 33321	
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: <u><i>T. Sabel Ramirez</i></u> (NOTE: Registered Agent signature required when re-issuing) DATE: _____			
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"/>	
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	BONILLA, RODRIGO	NAME	
STREET ADDRESS	7850 WEST MCNAB RD., STE. 318	STREET ADDRESS	
CITY- ST- ZIP	TAMARAC, FL 33321	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ISABEL C	NAME	
STREET ADDRESS	7850 WEST MCNAB RD., STE. 318	STREET ADDRESS	
CITY- ST- ZIP	TAMARAC, FL 33321	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Secretary Hernan Bonilla
STREET ADDRESS		STREET ADDRESS	8871 NW 10th Street
CITY- ST- ZIP		CITY- ST- ZIP	Pembroke Pines FL 33024
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><i>T. Sabel Ramirez</i></u>		Date _____ Daytime Phone # _____	

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