## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 05, 2005 8:00 am Secretary of State DOCUMENT # P04000115039 05-05-2005 90109 047 \*\*\*150.00 RODA GROUP CORPORATION Principal Place of Business Mailing Address 200423224 19423 38TH COURT 19423 38TH COURT SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012005 CR2E034 (10/03) City & State 4. FEI Number City & State Applied For 1458757 Not Applicable Zip Country 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 Name DOMINGUEZ, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 19423 38TH COURT SUNNY ISLES, FL 33160 Zip Code FL 8. The above named entity submyts 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 registerer agent univez Signature, typed or printed name of registered agent and tale if as (NOTE: Registered Agent signature required when reinstating) cable. 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME DOMINGUEZ, DANIEL R NAME 19423 38TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 CITY-ST-ZIP TITLE ☐ Defete ☐ 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete ☐ Change TITLE Addition TITLE 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 tiple 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 exprowered 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, wi

OF SIGNING

FILED

Daytime Phone #