2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN Secretary of State

ANNUAL REPURI					Jan 31, 2000 00.			
	MENT # P040001593				Secreta	ry of S		
1. Entity Name RODELCO INTERNATIONAL SALES, INC.								
Principal Place 877 BRISBAN PALM BAY, F	NE STREET NE	Mailing Address 877 BRISBANE STREET NE PALM BAY, FL 32907			9 12 111 8 1877 88 711 88 11 8 8	11 NJAK B ilik kebalikan	# ###	
D	OO NOT WRITE		CE	01212008 4. FEI Numb 16-171		CR2E034 (11		
6. Name and Address of Current Registered Agent LOPEZ, RODRIGO 877 BRISBANE STREET NE PALM BAY, FL 32907 8. The above named entity submits this statement for the purpose of changing its registered.			ed office or registe	IN .	NOT W	PACE	with, and accept	
SIGNATURE	ions of registered agent. Signature typed or printed name of registered agent and	ille il applicable (NOTE Registera	id Agent signature require	d when rainstaung)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	.00 May Be					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF D LOPEZ, RODRIGO 877 BRISBANE STREET NE PALM BAY, FL 32907	ECTORS			00000 02/07/08 NOT W		3 150.00	
STREET ADDRESS CITY-ST-ZIP	· .							

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: 👱

NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND REPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN /29/08

Daytime Phone #