

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90057 031 ***155.00

DOCUMENT # P06000024805 1. Entity Name RODMCKART DESIGN ENTERPRISE INC.					
Principal Place of Business 533 N.W. 32ND ST #7 MIAMI, FL 33127				Mailing Address 533 N.W. 32ND ST #7 MIAMI, FL 33127	
2. Principal Place of Business - No P.O. Box # 533 NW 32 ST		3. Mailing Address 533 NW 32ND ST #7			
Suite, Apt. #, etc. #44-45		Suite, Apt. #, etc. MIAMI FLA 33127		07082007 Chg-P CR2E034 (12/06)	
City & State MIAMI FLA		City & State MIAMI FLA		4. FEI Number 510569029	
Zip 331		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKNIGHT, ROBERT O 581 NW 32 ST #44-45 MIAMI, FL 33127				7. Name and Address of New Registered Agent Name ROBERT MCKNIGHT Street Address (P.O. Box Number is Not Acceptable) 533 NW 32 ST #7 City MIAMI FL FL Zip Code 33127	
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 DATE 07/9/07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, ROBERT O 581 NW 32 ST #44-45 MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT MCKNIGHT 533 NW 32 ST #7 MIAMI, FLA 33127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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:			07/9/07 786-2602973 <small>Date Daytime Phone #</small>		