

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90013 002 ***150.00

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1. Entity Name
ROD INVESTMENTS & ENTERPRISES CORP.



Principal Place of Business
**19000 SW 192ND ST
MIAMI, FL 33187**

Mailing Address
**19000 SW 192ND ST
MIAMI, FL 33187**

40099249



DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0649327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ALBERTO
30545 SW 193RD AVE
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, ALBERTO
STREET ADDRESS	30545 SW 193RD AVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	VD
NAME	RODRIGUEZ, ESTEBAN
STREET ADDRESS	8585 N.W. 169 TERRACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	TD
NAME	RAMALLO, ANA T
STREET ADDRESS	541 SW 125TH AVE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	SD
NAME	RODRIGUEZ, DANIEL
STREET ADDRESS	10621 S.W. 66 TERRACE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

[Handwritten Signature]

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-08 305 253 2700

Date

Daytime Phone #