2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P96000035934 1. Entity Name RODESA, INC. Principal Place of Business Mailing Address POST OFFICE BOX 14-0894 POST OFFICE BOX 14-0894 CORAL GABLES, FL 33114-0894 CORAL GABLES, FL 33114-0894 a di anno a transità di anno a mandra di sulla di anno a transità di anno a transità di anno a transità di anno Canno di la calcala di anno a transità di

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 05, 2008 08:00 A Secretary of State



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Daytime Phone #

4. FEI Number 65-0662057 Applied For 65-0662057 Not Applied For 65-0662057 Not Applied For 65-0662057 Not Applied For 65-0662057 S. Centicate of Status Desired \$8.175 Additional Fee Required \$8.175 Additional Fee Requ	rangary Districts			a-	02202008	No Chg-P	CR2E034 (11/05)
S. Name and Address of Current Registered Agent		ONO! WRITE!	N I HIS SPA	GE				
HAMMONS, FOY H 14405 SLO 82 AVENUE MIAMI, FL 33158 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 Poida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PURPORTIVE PRICE STATE ST					5. Certificate	e of Status Desired		
14405 SLO 82 AVENUE MIAMI, FL 33158 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 private shared aregular agent and tits / scidcolate WIDTE, Registered Agent spreads interval inte		6. Name and Address of Current Regi	stered Agent					
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TIME DE MEILLAC, TERESA POST OFFICE BOX 14-0894 COTY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-	14405 SLO 82 AVENUE					化内侧性键点流流		
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/20/08-80028-012 150.00 10. OFFICERS AND DIRECTORS ITILE D DE MEILLAC, TERESA STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE NAME STREET	the obligat	ions of registered agent.		•		oth, in the State of Flori		ar with, and accept
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NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP 12.	NAME STREET ADDRESS			i .	IN T	THIS SP	ACE	
12. I hereby certify that the information supplied with this filling does not qualify for the examplions contained in Chapter 119. Florida Statutos Life the information supplied with this filling does not qualify for the examplions contained in Chapter 119. Florida Statutos Life the information	NAME STREET ADDRESS CITY-ST-ZIP TITLE				e de la companya de l			
	CITY-ST-ZIP	ertify that the information supplied with this for this report or supplied to the coupling to	iling does not qualify for the exe and accurate and that my signat	emptions contained ure shall have the sa	in Chapter 119 ame legal effec), Florida Statutes. I fu	irther certify the	at the information officer or director