

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

Ok 3/20/04

DOCUMENT # P96000082137
 1. Entity Name
 FOUR ROD INVESTMENTS CORP.



Principal Place of Business 19000 SW 192ND STREET MIAMI, FL 33187	Mailing Address 19000 SW 192ND STREET MIAMI, FL 33187
---	---



DO NOT WRITE IN THIS SPACE

03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0698330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DANIEL
 19000 S.W. 192 STREET
 MIAMI, FL 33187

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, ALBERTO 30545 SW 193 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, ESTEBAN 16451 NW 84 AVE. MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMALLO, ANA T 541 SW 125 AVE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, DANIEL 75860 SW 67TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000129338
 04/26/04-80074-007 150.00

DO NOT WRITE IN THIS SPACE

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 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 an officer or director empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE *4/20/04* DAYTIME PHONE # *305-253-2700*