2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 22, 2005 08:00 AM cretary of State DOCUMENT # P96000082137 FOUR ROD INVESTMENTS CORP. Principal Place of Business Mailing Address 19000 SW 192ND STREET 19000 SW 192ND STREET MJAMI, FL 33187 MIAMI, FL 33187 07182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0698330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, DANIEL DO NOT WRITE 19000 S.W. 192 STREET MIAMI, FL 33187 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, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. \Box Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITE F DP RODRIGUEZ, ALBERTO NAME U00000374046 STREET ADDRESS 30545 SW 193 AVE 07/22/05-80006-002 150.00 HOMESTEAD, FL 33030 CITY-ST-ZIP TITLE DV RODRIGUEZ, ESTEBAN NAME 16451 NW 84 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 DT TITLE RAMALLO, ANA T NAME STREET ADDRESS 541 SW 125 AVE DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33184 IN THIS SPACE TITLE RODRIGUEZ, DANIEL NAME STREET ADDRESS **75860 SW 67TH STREET** CDTY-ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addresser with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED