

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Ch Apr 21, 2008 08:00 A
Secretary of State
4-15-08

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



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0698330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

U000000909775
05/06/08-80081-024 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RODRIGUEZ, ALBERTO
STREET ADDRESS 30545 SW 193 AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE DV
NAME RODRIGUEZ, ESTEBAN
STREET ADDRESS 5858 NW 169 ST
CITY-ST-ZIP MIAMI, FL 33016

TITLE DS
NAME RODRIGUEZ, DANIEL
STREET ADDRESS 75860 SW 67TH STREET
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

04-17-08 305-253-2700