


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000024230</b> 1. Entity Name RODI, INC.	
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Principal Place of Business 152 SOUTHWIND CIRCLE ST AUGUSTINE, FL 32080	Mailing Address 152 SOUTHWIND CIRCLE ST AUGUSTINE, FL 32080
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

MIRZAI, SHARON A  
907 BIRDIE WAY  
ST AUGUSTINE, FL 32084

**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 Sharon A Mirzai Sec. DATE Jan 16 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODITIS, ROBERT J 152 SOUTHWIND CIRCLE ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODITIS, BERNICE V 152 SOUTHWIND CIRCLE ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRZAI, MOHAMMED 907 BIRDIE WAY ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRZAI, SHARON A 907 BIRDIE WAY ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/08-80010-009 150.00

**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 Robert J Roditis DATE Jan 16 2008 904 471-5660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #