


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 020 ***150.00

DOCUMENT # P99000058552	
1. Entity Name RHODES FINANCIAL SERVICES CORP.	

Principal Place of Business 704 ALEDO AVE. CORAL GABLES, FL 33134	Mailing Address 704 ALEDO AVE. CORAL GABLES, FL 33134
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2. Principal Place of Business 2000 ISLAND BOULEVARD	3. Mailing Address 2000 ISLAND BOULEVARD
Suite, Apt. #, etc. 1809	Suite, Apt. #, etc. 1809

City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33160	Zip 33160
Country USA	Country USA



04212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0931417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE CAMPOS SALLES, LUIZ G 704 ALEDO AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name LUIZ G. DE CAMPOS SALLES Street Address (P.O. Box Number is Not Acceptable) 2000 ISLAND BOULEVARD # 1809 City AVENTURA FL Zip Code 33160
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE CAMPOS SALLES, LUIZ G 704 ALEDO AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LUIZ G. DE CAMPOS SALLES **4/21/06** **305-692-9282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #