

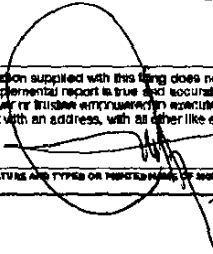


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90069 037 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V46980			
1. Entity Name RODWAL CORPORATION			
Principal Place of Business 3307 NW 74 AVENUE MIAMI, FL 33122 US		Mailing Address 3307 NW 74 AVENUE MIAMI, FL 33122 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-0389037		Applied For NOT APPLICABLE	
5. Certificates of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, WALDO A 1666 MURCIA AVE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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: 		DATE	
Signature, print or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent's name should also be included)	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, WALDO A	NAME	
STREET ADDRESS	1666 MURCIA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, ROSSANA L	NAME	
STREET ADDRESS	1666 MURCIA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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: 		DATE: 04-25-03 (305)610-0435	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR		DATE	

10090864



CHECK HERE IF MAKING CHANGES

CR00094 (10/02)