## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96569

FILED Mar 19, 2009 Secretary of State

Entity Name: FINEROCK ENTERPRISES INC.

Current Principal Place of Business:		New Principal Place of Business:		
400 APOF POPKA, F	PKA BLVD FL 32703			
urrent Ma	ailing Addre	ss:	New Mailing Addres	ss:
P. O. BOX ORLANDO	607754 , FL 3286077	754		
El Number:	59-2954885	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
INTROUP	(, ROBERT D			
400 APOF POPKA, F	FL 32703 named entity	US submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,
400 APOF APOPKA, F The above in the State	FL 32703 named entity of Florida.		urpose of changing its registere	ed office or registered agent, or both,
400 APOF POPKA, F the above the State	FL 32703 named entity of Florida. RE:	submits this statement for the pւ		ed office or registered agent, or both,
400 APOF POPKA, F The above the State	named entity of Florida. RE: Electro			
400 APOF POPKA, F The above In the State SIGNATUR	named entity of Florida. RE: Electro	submits this statement for the punic Signature of Registered Ager	nt	
400 APOF POPKA, F the above the State SIGNATUR	named entity of Florida.  RE: Electro  npaign Financin	submits this statement for the punic Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete  DBERT D BLVD.	nt	Date
400 APOF POPKA, F he above the State IGNATUR lection Carr PFFICERS ttle: ame: ddress:	named entity of Florida.  RE: Electro  paign Financir  AND DIRECTOR (FINFROCK, ROS) 2400 APOPKA, FL S	submits this statement for the punic Signature of Registered Agerng Trust Fund Contribution ( ).  CTORS:  ) Delete DBERT D BLVD. 32703  ) Delete K BLVD	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA K DOAN T 03/19/2009