FILED Sep 15, 2002 8:00 am Secretary of State FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 09-15-2002 90092 021 ***158.75 DOCUMENT # M 60828 Rocamar Engineering Services Inc DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 20555 Sausalito Dr 20555 Sausalito Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Boca Raton Applied For 65-0026730 Not Applicable 33498 5. Certificate of Status Desired Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 20555 Sausalito Dr 33998 8. The above named entity submits this statement for the purpose of cylanging its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Bernardo Cardena TITLE CR2E034B (12/01) 20555 Sausalito Dr NAME STREET ADDRESS STREET ADDRESS Boca Raton, FL 33498 CITY-ST- 2P CITY-ST-ZIP TITLE TITLE 2 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

ENTED NAME OF SIGNING OFFICER OP DIRECTOR