

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 018 ***158.75

DOCUMENT # P02000092754



1. Entity Name
ROG REALTY, INC.

Principal Place of Business
**12441 S.W. 21ST LANE
MIAMI FL 33175**

Mailing Address
**C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131**



2. Principal Place of Business
8042 West 21st Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State

4. FEI Number
30-0131330

Applied For
 Not Applicable

Zip
33016

Country
Miami-Dade

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D RODRIGUEZ, GUSTAVO J**
STREET ADDRESS **12441 S.W. 21ST LANE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE Change Addition
NAME **8042 West 21st Avenue**
STREET ADDRESS **Hialeah, Florida 33016**
CITY-ST-ZIP

TITLE Delete
NAME **D MUNOZ, JUAN O**
STREET ADDRESS **7013 CROWNGATE PLACE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE Change Addition
NAME **8042 West 21st Avenue**
STREET ADDRESS **Hialeah, Florida 33016**
CITY-ST-ZIP

TITLE Delete
NAME **D HECTOR, RICHARD**
STREET ADDRESS **14361 N.W. 83RD AVENUE**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE Change Addition
NAME **8042 West 21st Avenue**
STREET ADDRESS **Hialeah, Florida 33016**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 371-9213

CR2E034 (10/02)