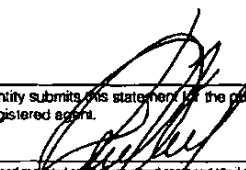
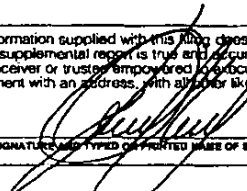


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

05-04-2006 90513001-1,411.25  
P03000042322

<b>DOCUMENT # P03000042322</b>			
1. Entity Name <b>ROICE CORP.</b>			
Principal Place of Business 7000 ISLAND BLVD. WILLIAM ISLAND, APT. 1408 AVENTURA, FL 33160		Mailing Address 1401 BRICKELL AVE 330 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 1114 S. Douglas Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 6	
City & State		City & State Coral Gables, Florida	
Zip	Country	Zip	Country
33134	USA	33134	USA
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOFOS CAPITAL 1401 BRICKELL AVE 330 MIAMI, FL 33131		Name Luis Agramunt	
		Street Address (P.O. Box Number is Not Acceptable) 1114 S. Douglas Rd., Suite 6	
		City Coral Gables FL Zip Code 33134	
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: 		LUIS AGRAMUNT 04/17/2006	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-issuing) DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANILLA, ROSALINDA	NAME	
STREET ADDRESS	7000 ISLAND BLVD., APT. 1408	STREET ADDRESS	
CITY - ST - ZIP	AVENTURA, FL 33160	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	
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 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: 		ROSALINDA QUINTANILLA (POA) 04/17/2006 (68)468-3027	
Signature, typed or printed name of signing officer or director		Date Phone #	

FILED

06 MAY 26 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 Chg-P CR2E034 (11/05)

Name Luis Agramunt  
Street Address (P.O. Box Number is Not Acceptable)  
1114 S. Douglas Rd., Suite 6  
City Coral Gables FL Zip Code 33134

LUIS AGRAMUNT

04/17/2006

04/25/26