

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060677

FILED
Jan 07, 2008
Secretary of State

Entity Name: ROLITOS, INC

Current Principal Place of Business:

7880 W 20 AVENUE
HIALEAH, FL 33016

New Principal Place of Business:

1490 W 49 PLACE
SUITE 209
HIALEAH, FL 33012

Current Mailing Address:

7880 W 20 AVENUE
HIALEAH, FL 33016

New Mailing Address:

1490 W 49 PLACE
SUITE 209
HIALEAH, FL 33012

FEI Number: 27-0145277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RCG ACCOUNTING & ASSOC.
9000 SHERIDAN STREET
158
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALARCON, JOSE E
Address: DIEGO FERRE 273, APT 101
City-St-Zip: MIRAFLORES, LIMA PERU, OC

Title: VPD () Delete
Name: ALARCON, MARCO A
Address: JAVIER PRADO ESTE 182, APT 201
City-St-Zip: LA MOLINA, LIMA, PERU, OC

Title: TD () Delete
Name: ALARCON, CARLOS A
Address: HENRY REVETT 192, SANTA RITA
City-St-Zip: SURCO, LIMA, PERU, L OC

Title: SD () Delete
Name: VARGAS, RICARDO F
Address: GUSTAVO ESCUDERO 195
City-St-Zip: MIRAFLORES, LIMA, PERU, OC

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALARCON, JOSE E
Address: 1490 W 49 PLACE #209
City-St-Zip: HIALEAH, FL 33012 OC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: ALARCON, SANTOS W
Address: 1490 W 49 PLACE #209
City-St-Zip: HIALEAH, FL 33012

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: SANTOS W ALARCON

P

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date