2005 FOR PROFIT CORPORATION

FILED Feb 23, 2005 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P96000039990 1. Entity Name 02-23-2005 90076 032 ***150.00 ROCK OF MIAMI, INC. Principal Place of Business Mailing Address 10903 NW 33RD ST MIAMI FL 33172 10903 NW 33RD ST MIAMI FL 33172 **JUUIO394** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0669306 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUEI-HSIEN, LIN Street Address (P.O. Box Number is Not Acceptable) 10903 NW 33RD ST **MIAMI FL 33172** City 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. e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Delete President Addition TITLE THEF LIN. KUEL-HSIEN Kupi-hsien Lin NAME NAME 10,903, N.W. 3313 Street 10903 NW 33RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP MINNI, FL 33112 TITLE ☐ Delete TITLE ■ Addition WU, SUEL-O NAME STREET ADDRESS 10903 NW 33RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP P Vice President Z Delete TITLE TITLE Addition NAME Pei-hsun Lin NAME PEI, HSUN LIN STREET ADDRESS. STREET ADDRESS 10903 NW 33 STREET 10903 N.W. 33rd Street CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP Miami , FL 33172 ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Davime Phone #