

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000039670

1. Entity Name  
ROKAS INTERNATIONAL, INC.



FILED  
04 OCT 25 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
COVE EXECUTIVE BUILDING  
1500 S.E. 3RD COURT SUITE #207  
DEERFIELD BEACH, FL 33441

Mailing Address  
COVE EXECUTIVE BUILDING  
1500 S.E. 3RD COURT SUITE #207  
DEERFIELD BEACH, FL 33441

2. Principal Place of Business  
801 BRICKELL AVENUE  
Suite, Apt. #, etc.  
927

3. Mailing Address  
801 BRICKELL AVENUE  
Suite, Apt. #, etc.  
927

10132004 Chg-P CR2E034 (10/03)

City & State  
MIAMI FL  
Zip  
33131 Country

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MIAMI FL  
Zip  
33131 Country

4. FEI Number  
65-1000436  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROA BODIN, GLORIA  
2655 LEJEUNE ROAD  
SUITE 1001  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
AUGUNAS, ANDRIUS  
1500 S.W. 3RD COURT SUITE #207  
DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
TORKOWSKI, ALEXANDRA  
1500 S.W. 3RD COURT SUITE #207  
DEERFIELD BEACH, FL 33441 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
KAREN KROTOV  
540 BRICKELL KEY DR.  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400042159494  
10/25/04--01067--014 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: \_\_\_\_\_ PRES. ANDRIUS AUGUNAS 10-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #