


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F37117

1. Entity Name
SOUTH ROCK, INC.



Principal Place of Business Mailing Address

**16621 W TROON CIR
 MIAMI LAKES FL 33014
 US**

**16221 W TROON CIR
 MIAMI LAKES FL 33014
 US**

2. Principal Place of Business Suite, Apt #, etc.

3. Mailing Address Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number **59-2096926** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, JOSE A.
 16221 W TROON CIRCLE
 MIAMI LAKES FL 33014**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE A.	
STREET ADDRESS	16221 W TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE A.	
STREET ADDRESS	16221 W TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MERCEDES	
STREET ADDRESS	16221 WEST TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000000232463	
CITY-ST-ZIP	02/17/05-80003-002 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mercedes Gonzalez* Mercedes Gonzalez 2/14/5 305-824-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Laytime Phone #