

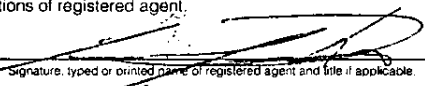
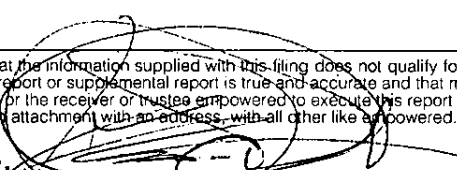


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90013 041 ***158.75

DOCUMENT # G64245 1. Entity Name ROCHA ENTERPRISES, INC.					
Principal Place of Business 4110 WEST 18 CT. MIAMI FL 33142-6803 US				Mailing Address P.O. BOX 126206 MIAMI FL 33012-1603 US	
2. Principal Place of Business - No P.O. Box # 197 Willow Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 830248 Suite, Apt. #, etc.		40008997 	
City & State Ocala, Florida		City & State Ocala, Florida		4. FEI Number 59-2335771	
Zip 34472		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHA, CESAR R 4110 WEST 18 COURT MIAMI FL 33142-6803 US				7. Name and Address of New Registered Agent Name Rocha, Cesar R. Street Address (P.O. Box Number is Not Acceptable) 197 Willow Road City Ocala FL Zip Code 34472	
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  DATE 01/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P ROCHA, WILLIAM J. 4110 WEST 18 COURT MIAMI FL 33142-6803 US		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 197 Willow Road Ocala, Florida 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROCHA, ADOLFO A 1990 NW 16 ST NORTH MIAMI BEACH FL 33182		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1452 Falmouth Ave. Deltona, Florida 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROCHA, CESAR R. 4110 WEST 18 CT MIAMI FL 33142-6803 US		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 197 Willow Road Ocala, Florida 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William J. Rocha, President			Date 01/25/07 Daytime Phone # 352-687-8796		