2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H00738

1. Entity Name JOSEPH ROLES AND ASSOC., INC.

Principal Place of Business C/O JOSEPH W. ROLES, JR. 7501 NORTHWEST 4TH STREET, STE. 101 PLANTATION, FL 33317

Mailing Address

C/O JOSEPH W. ROLES, JR. 7501 NORTHWEST 4TH STREET, STE. 101 PLANTATION, FL 33317

FILED Mar 03, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02202008

4. FEI Number 59-2404863

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLES, JR., JOSEPH W. 7501 NW 4TH ST. SUITE 101 PLANTATION, FL 33317 DO NOT WRITE IN THIS SPACE

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 life if applicable (NOTE: Registered Agent algreture required when relinitating) DATE DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, []	\$5.00 May be Added to Fees	03/12/08-80037-012 150.00
10. OFFICERS AND DIRECTORS					
NAME STREET ACCRESS CITY-ST-ZP	DP ROLES, JR., JOSEPH W. 1060 NW 70TH WAY PLANTATION, FL				
NAME STREET ADDRESS CITY-ST-ZIP	DS ROLES, PAMELA J 1060 NW 70TH WAY PLANTATION, FL				
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ACCRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZP					

I hereby certify that the information supplied with this filling 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 tale and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or states 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: