


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J19374	
1. Entity Name ROCA GOLD JEWELRY, INC.	

Principal Place of Business % CARLOS I. MORALES 930 BELVEDERE RD WEST PALM BEACH, FL 33405	Mailing Address % CARLOS I. MORALES 930 BELVEDERE RD WEST PALM BEACH, FL 33405
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2729061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORALES, CARLOS I. 930 BELVEDERE RD WEST PALM BEACH, FL 33405

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000551825 05/13/06-60116-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, CARLOS I. 121 GRANADA ST ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, MANUELA 121 GRANADA ST ROYAL PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, ROLANDO 829 CHERRY RD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CARMEN PEREZ, RAQUEL 188 CORDOBA CIRCLE ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Carlos Morales</i> CARLOS MORALES	4-28-06 561-822-0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone