2007 FOR PROFIT CORPORATION

Apr 18, 2007 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # J50686** 1. Entity Name ROLA ENTERPRISES, INC. Principal Place of Business Mailing Address 8845 SW 57 ST 8845 SW 57 ST MIAMI, FL 33173 MIAMI, FL 33173 04042007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2759350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INGLES, ROLANDO DO NOT WRITE **8845 SW 57 STREET SUITE 414** IN THIS SPACE MIAMI, FL 33173 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ŊΡ TITLE INGLES, ROLANDO NAME STREET ADDRESS 8845 SW 57 STREET CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP กกร NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 7ITI E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 04/28/07-80012-003 150:0Φ CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FICER OR DIRECTOR

Davime Phone #

FILED