


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

<p><b>DOCUMENT # J81544</b></p> <p>1. Entity Name  <b>ROEFARO CORP.</b></p>	
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Principal Place of Business	Mailing Address
231A DOUGLAS RD EAST, SUITE 1 OLDSMAR, FL 34677	231A DOUGLAS RD EAST, SUITE 1 OLDSMAR, FL 34677

2. Principal Place of Business 231 DOUGLAS RD. E	3. Mailing Address 231 DOUGLAS RD. E
Suite, Apt. #, etc. 10	Suite, Apt. #, etc. 10

City & State OLDSMAR FL.		City & State OLDSMAR FL.	
Zip 34677	Country USA	Zip 34677	Country USA

6. Name and Address of Current Registered Agent		Name
ROEFARO, GENE 231 DOUGLAS ROAD UNIT 1 OLOSMAR, FL 34677		Street Address
		City

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 Gene Rutland GENE RUTLAND 9-25-05

SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PV</b> <b>ROEFARO, GENE</b> <b>20 WOODGLEN CT</b> <b>OLDSMAR, FL</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Centre

Daytime Phone #