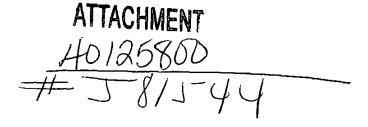
## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jul 18, 2007 8:00 am Secretary of State **DOCUMENT # J81544** 07-18-2007 90045 001 \*\*\*150.00 1. Entity Name ROEFARO, CORP. Principal Place of Business Mailing Address UUOLALUP 231 DOUGLAS RD EAST 231 DOUGLAS RD EAST OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business - No P.O. Box # 231 Dou 6 LAS RO 3. Mailing Address Suite, Apt. #, etc. 07162007 Chg-P CR2E034 (12/06) UHI7City & State City & State 4. FEI Number Applied For GLOSMAR 59-2828003 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROEFARO, GENE 231 DOUGLAS ROAD Street Address (P.O. Box Number is Not Acceptable) **UNIT 1** OLOSMAR, FL 34677 Zip Code City FL 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 constant agent. ADDKESS SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE □ Change Addition NAME NAME ROEFARO, GENE STREET ADDRESS 20 WOODGLEN CT STREET ADDRESS CITY-ST-7IP OLDSMAR, FL City-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS 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 offrustee 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 winhan address; with all other like empowered. of the corporation of the receiver of trustee empowered to ever changed, or on an attachment with an address, with all other li

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



July 16, 2007

To Whom It May Concern:

I did not get the notice to pay my corp. tax fee. I moved.

My new address is 231 Douglas Rd, unit 1
Oldsmar, FL 34677

Enclosed are the \$150.00 payment for each.

Please change both addresses.

Thank you

Gene Roefaro

GFR ONE CORP

\* Roefaro Corp