

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K34909</b> 1. Entity Name RO CRA, INC.			
Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		Mailing Address 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0115691	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent			
ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000101115 U4/01/04-80035-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PDS		
NAME	ROBINS, CRAIG		
STREET ADDRESS	1632 PENNSYLVANIA AVENUE		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		
TITLE	VP		
NAME	GRETENSTEIN, STEVEN		
STREET ADDRESS	1632 PENNSYLVANIA AVENUE		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Vice President 2/13/04 (305) 531-8700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	