

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L37434 1. Entity Name ROENCA - DADE, INC.						FILED 05 MAY -2 PM 5: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134				Mailing Address 2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134			
2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. Suite # 925		3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. Suite # 925		03242005 Chg-P CR2E034 (10/03)			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 65-0162128			
Zip 33134		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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: AMADA CANTERA LOPEZ, President <i>4/27/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENCINOSA, ROLANDO J JR 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em;">0512</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 600054034436 05/09/05--01005--026 **150.00 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CARLOS C. LOPEZ CANTERA, PRESIDENT			<div style="display: flex; justify-content: space-between;"> <i>4/27/05</i> <i>305-461-0563</i> </div> <small>Date Daytime Phone #</small>				