2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # L49705 06-10-2005 90047 010 ***150.00 1. Entity Name ROCKS PARADISE COVE, INC. Principal Place of Business Mailing Address 84001 OVERSEAS HWY P. O. BOX 1904 ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0171656 Not Applicable Zip Country 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 GIULIANO, S. J. CAMPOLON Street Address (P.O. Box Number is Not Acceptable) MILE MARKER 84.5 ISLAMORADO, FL 33036 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change Addition NAME GIULIANO, S. J. CAMPOLON NAME Correc MILE MARKER 84.5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL CiTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete MILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP policid with this filling ones not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at eport 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 state empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicatéd on this report or s of the corporation or the re changed, or on an attachr

FILED Jun 10, 2005 8:00 am

ATTACHMENT

Rock's Paradise Cove, Inc. HOO877 19
PO Box 1904
Islamorada, FL 33036

PO Box 1904
Islamorada, FL 33036

(305) 664-4726 * Fax (305) 664-4973

May 10, 2005 Florida Department of State **Division of Corporations**

To Whom It May Concern:

Re: 65-0171656

Late Fee

Enclosed please find our corporate filing fee of \$150.00.

For many years we have consistently received the corporate filing form as a reminder from your department when our taxes were due. We have relied heavily on that filing form. This year for some reason we did not receive that form. A few days after May 1st we realized the due date had already come and gone. We have three businesses that we are working very hard to recover from the financial devastation last years hurricane season caused; therefore there is no way we can afford to pay the penalty.

Please accept the regular filing payment of \$ 150.00 minus the \$400 late fee.

Thank you in advance for your consideration.

Very sincerely,

Steven Giuliano, President

Rock's Paradise Cove