


2004

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90044 033 \*\*\*150.00

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<b>DOCUMENT # M13204</b>					
1. Entity Name Rofred Limited Corporation					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 701 Ponce de Leon Ave. Suite, Apt. #, etc. Suite 407 City & State San Juan, PR Zip 00907-3248 Country			3. Mailing Address 701 Ponce de Leon Ave. Suite, Apt. #, etc. Suite 407 City & State San Juan, PR Zip 00907-3248 Country		
			4. FEI Number 59-2619955		
			Applied For Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name del Valle, Manuel R.	
				Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St.	
				Suite 761	
				City Miami FL Zip Code 33126-1929	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Quinonez, Alfredo M. 701 Ponce de Leon Ave., Suite 407 San Juan, PR 00907-3248		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Alfredo M. Quinonez		787-721-1140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034B (12/02)