

2005

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

**FILED
Mar 21, 2005 8:00 am
Secretary of State**

03-21-2005 90115 031 ***150.00

DOCUMENT # M13204	
1. Entity Name	
Rofred Limited Corporation	

DO NOT WRITE IN THIS SPACE

50029220

2. Principal Place of Business		3. Mailing Address	
701 Ponce de Leon Ave.		701 Ponce de Leon Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 407		Suite 407	
City & State		City & State	
San Juan, PR		San Juan, PR	
Zip	Country	Zip	Country
00907-3248		00907-3248	

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-2619955		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		del Valle, Manuel R.	
		Street Address (P.O. Box Number is Not Acceptable)	
		7300 N.W. 19th St.	
		Suite 101	
		City	Zip Code
		Miami	FL 33126-1222

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 \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	D/P/S/T	TITLE	
NAME	Quinonez, Alfredo M.	NAME	
STREET ADDRESS	701 Ponce de Leon Ave., Suite 407	STREET ADDRESS	
CITY - ST - ZIP	San Juan, PR 00907-3248	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #