

2006

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

**FILED
Mar 28, 2006 8:00 am
Secretary of State**

03-28-2006 90110 026 ***158.75

DOCUMENT # M13204
1. Entity Name Rofred Limited Corporation

DO NOT WRITE IN THIS SPACE

40043190

2. Principal Place of Business 701 Ponce de Leon Ave. Suite, Apt. #, etc. Suite 407 City & State San Juan, PR Zip 00907-3248 Country USA	3. Mailing Address 701 Ponce De Leon Ave. Suite, Apt. #, etc. Suite 407 City & State San Juan, PR Zip 00907-3248 Country USA
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DO NOT WRITE IN THIS SPACE

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

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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
Miami FL Zip Code
33126

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Martinez, Alfredo 701 Ponce de Leon Ave., Suite 407 San Juan, PR 00907-3248
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfredo Martinez

3/20/06

787-721-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #