

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 23 AM 11:12

<b>DOCUMENT # M13204</b> 1. Entity Name Rofred Limited Corporation				DO NOT WRITE IN THIS SPACE	
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				4. FEI Number 59-2619955 Applied For <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE				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 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. <input type="checkbox"/> \$5.00 May Be Added to Fees				DO NOT WRITE IN THIS SPACE	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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		500147028855 03/24/09--01007--031 **150.00			
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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: <u>Alfredo Martinez</u> 3/12/09 787-721-1140 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)