

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M77557

1. Entity Name  
ROXA CORP.



Principal Place of Business  
C/O ANTOLIN DEL COLLADO  
8798 SW 8 STREET  
MIAMI, FL 33174-3201

Mailing Address  
C/O ANTOLIN DEL COLLADO  
8798 SW 8 STREET  
MIAMI, FL 33174-3201



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0059326	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEL COLLADO, ANTOLIN  
8798 SW 8 ST  
MIAMI, FL

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000863051  
04/03/08-80076-017 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	DEL COLLADO, ANTOLIN
STREET ADDRESS	8798 SW 8 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	FUENMAYOR, ASDRUBAL
STREET ADDRESS	8798 SW 8 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	FEUNMAYOR, ASDRUBAL A.
STREET ADDRESS	8798 SW 8 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	FERNANDEZ, DORITA C.
STREET ADDRESS	1300 S.W. 97TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 14 2008

Date

Daytime Phone #

305-553-8904