

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002102

1. Entity Name
ROCK FOUNDATION, INC.



FILED
04 OCT -5 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9112 S.W. 157TH AVE RD.
MIAMI, FL 33196

Mailing Address
9112 S.W. 157TH AVE RD.
MIAMI, FL 33196



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09092004 Chg-NP CR2E037 (10/03) 04

4. FFL Number
810547507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMKISSOON, OSBORN
9112 S.W. 157TH AVE RD.
MIAMI, FL 33196

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAMKISSOON, OSBORN
STREET ADDRESS 9112 S.W. 157TH AVE RD.
CITY-ST-ZIP MIAMI, FL 33196

TITLE VD ☐ Delete
NAME RAMKISSOON, MICHELLE
STREET ADDRESS 9112 S.W. 157TH AVE RD.
CITY-ST-ZIP MIAMI, FL 33196

TITLE STD ☐ Delete
NAME BENITEZ, NATHALIE
STREET ADDRESS 15540 S.W. 80TH ST. #104
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500041639735
CITY-ST-ZIP 10/06/04--01030--009 **\$1.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Nathalie D. Benitez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/04

Date

(305) 274-1995

Daytime Phone #