


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006778	
1. Entity Name ROCA-RUBAL FOUNDATION, INC.	

Principal Place of Business 2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180	Mailing Address 2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180
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03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0491223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A ESQ.
2450 NE MIAMI GARDENS DR 2ND FL
N MIAMI BCH, FL 33180

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000279539 03/28/05-80070-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, JUAN 2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, OPHELIA A 2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Ophelia Roca 3/25/05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #