

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

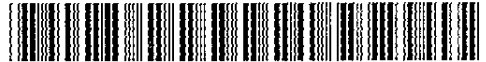
DOCUMENT # N03000006778

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



04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0491223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000501042
04/25/06-80045-025 61.25

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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 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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #