2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006778

1. Entity Name ROCA-RUBAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180 2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180 FILED Jan 29, 2007 08:00 AM Secretary of State



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01232007 No Chg-NP CR2E037 (4/06)

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 ill applicable. (NOTE: Registered Agent signature required when reinstating					DATE
	Filing Fee Is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000611113 02/02/07-80046-021 61.25
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			a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, OPHELIA A 2450 NE MIAMI GARDENS DR 2ND FL N MIAMI BCH, FL 33180		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			•	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			34.		• • • • • • • • • • • • • • • • • • • •

12. Thereby 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 required or trustee empowered to execute this required by Chapter 617, Florida Statutes: and that my pame appears in Block 10 or Block 11 if changed, or on an attactifying with an address, with all other like exposured.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

123101

Daytime Phone ≰