

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006081

FILED
May 01, 2009
Secretary of State

Entity Name: GRUPO ROCA SOLIDA, INC.

Current Principal Place of Business:

37318 WARREN AVE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

37318 WARREN AVE
DADE CITY, FL 33523

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANRIQUEZ, CATALINA
37318 WARREN AVE
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANRIQUEZ, LUIS A
Address: 15318 PINELLAS AVE
City-St-Zip: DADE CITY, FL 33523

Title: V () Delete
Name: MANRIQUEZ, EZEQUIEL
Address: 15318 PINELLAS AVE
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MANRIQUEZ, CATALINA
Address: 37318 WARREN AVE
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: MANRIQUEZ, ALICIA
Address: 15443 MARION AVE
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: JASSO, JOSUE
Address: PO BOX 1032
City-St-Zip: LACOOCHIEE, FL 33537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MANRIQUEZ, EZEQUIEL
Address: 15128 LEE AVE
City-St-Zip: DADE CITY, FL 33523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A MANRIQUEZ

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date