

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90005 020 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000021864					
1. Entity Name IRVING ROCK REGALADO INC.					
Principal Place of Business 14441 SW 37 STREET MIRAMAR, FL 33027			Mailing Address 14441 SW 37 STREET MIRAMAR, FL 33027		
2. Principal Place of Business 8145 NW 155 ST.			3. Mailing Address 8145 NW 155 ST.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami Lakes, FL			City & State Miami Lakes, FL		
Zip 33016			Zip 33016		
Country USA			Country USA		
4. FEI Number 65-0988647			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REGALADO, IRVING R 14441 SW 37 STREET MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name Regalado, Irving R. Street Address (P.O. Box Number is Not Acceptable) 8145 NW 155 ST. City Miami Lakes FL Zip Code 33016		
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 re-registering)					
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution, 2004 ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REGALDO, IRVING R 14441 SW 37 STREET MIRAMAR, FL 33027		☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Regalado, Irving R. 8145 NW 155 ST. Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	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)(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 607, 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: ☒ Irving R. Regalado			06-16-04 305-442-4344		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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