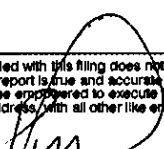


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000097816		
1. Entity Name ROCHY DEVELOPMENT CORP.		
Principal Place of Business 650 WEST AVENUE APT. 2108 MIAMI, FL 33139 US		Mailing Address 650 WEST AVENUE APT. 2108 MIAMI, FL 33139 US
2. Principal Place of Business 380 S HIBISCUS DR Suite, Apt. #, etc.		3. Mailing Address 380 S HIBISCUS DR Suite, Apt. #, etc.
City & State MIAMI BEACH, FL Zip 33139 Country		City & State MIAMI BEACH, FL Zip 33139 Country
4. FEI Number 65-1060113		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DYER, PIERO 650 WEST AVENUE APT. 2108 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 380 S HIBISCUS DR City MIAMI BEACH FL Zip Code 33139
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's signature required when addressing)) DATE _____		
FILE NOW! FEE IS: \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P8 CORIAT, ROSA A 100 PALM AVE MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DYER, PIERO M 100 PALM AVE MIAMI, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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:  PIERO DYER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/24/03 County Phone # 305-623-1229

CR2E034 (10/02)