2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # P00000102242 04-22-2005 90315 037 ***150.00 1. Entity Name RICARDO A. ROIG, P.A. Mailing Address Principal Place of Business 50043014 4023 N ARMENIA AVE **4023 N ARMENIA AVE** STE 400 **STE 400** TAMPA, FL 33607 TAMPA, FL 33607 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 59-3571639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROIG, RICARDO A ESQ. DO NOT WRITE 4023 N ARMENIA AVENUE **STE 400** IN THIS SPACE TAMPA, FL 33607 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME ROIG, RICARDO A STREET ADDRESS 4023 N ARMENIA AVE STE 400 CITY-ST-ZIP TAMPA, FL 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED