


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 002 ***150.00

DOCUMENT # P01000041007	
1. Entity Name ROCKFORD REALTY CO.	

Principal Place of Business 15476 NW 77 COURT NO 401 HIALEAH, FL 33016	Mailing Address 15476 NW 77 COURT NO 401 HIALEAH, FL 33016
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24005249



2. Principal Place of Business 8004 NW 154 Street Suite, Apt. #, etc. No. 372 City & State Miami Lakes, Florida Zip 33016 Country USA	3. Mailing Address 8004 NW 154 Street Suite, Apt. #, etc. No. 372 City & State Miami Lakes, Fla. Zip 33016 Country USA
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01252004 Chg-P CR2E034 (10/03)


6. Name and Address of Current Registered Agent ROCKFORD, ARNOLD 15476 NW 77 COURT SO 401 HIALEAH, FL 33016	
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7. Name and Address of New Registered Agent Name ARNOLD ROCKFORD, Esq. Street Address (P.O. Box Number is Not Acceptable) 8004 N.W. 154 Street No. 372 City Miami Lakes FL Zip Code 33016	
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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:  - ARNOLD ROCKFORD, Esq. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/27/04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKFORD, ARNOLD 6175 NW 153RD ST SUITE 120 MIAMI LAKES, FL 330142435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNOLD ROCKFORD - President 8004 N.W. 154 Street No. 372 Miami Lakes, Fla. 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  - ARNOLD ROCKFORD, Esq. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/27/04 Daytime Phone #	
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