FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90036 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90130838

DOCUMENT # P01000041007

1. Entity Name
ROCKFORD REALTY CO.

Principal Place of Business
6175 NW 153RD ST, SUITE 120
MIAMI LAKES, FL 33014-2435

Mailing Address
6175 NW 153RD ST, SUITE 120
MIAMI LAKES, FL 33014-2435

2. Principal Place of Business: 15476 NW 77 Court
Suite, Apt. #, etc.: No. 401
City & State: Miami Lakes, Fl.
Zip: 33016 Country: USA

3. Mailing Address: 15476 N.W. 77 Court
Suite, Apt. #, etc.: No. 401
City & State: Miami Lakes, Fla.
Zip: 33016 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1098864 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROCKFORD, ARNOLD
6175 NW 153RD ST, SUITE 120
MIAMI LAKES, FL 33014-2435

7. Name and Address of New Registered Agent
Name: Arnold Rockford, Esq.
Street Address (P.O. Box Number Is Not Acceptable): 15476 NW 77 Court NO. 401
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] DATE: 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D ROCKFORD, ARNOLD 6175 NW 153RD ST, SUITE 120 MIAMI LAKES, FL 330142435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Date: 4/30/03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR