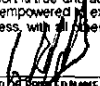


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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	
3. Mailing Address 15476 NW. 77 Court Suite, Apt. #, etc. NO. 401	
☐ CHECK HERE IF MAKING CHANGES	
City & State Miami Lakes, FL.	City & State Miami Lakes, FL.
Zip 33016	Country USA
4. FEI Number 65-1098864	
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, Eng. 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  DATE 4/30/03 (NOTE: Registered Agent's signature required when resigning)	
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	
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 507, 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:  DATE 4/30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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CH2E034 (10/02)