


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90008 037 \*\*\*550.00

<b>DOCUMENT # P01000054394</b> 1. Entity Name <b>ROGA REAL ESTATE INVESTMENTS, INC.</b>					
Principal Place of Business <b>1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>			Mailing Address <b>1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-1108841</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75-Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTILLO B., ALVARO ESQ CASTILLO &amp; ASSOCIATES 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <u><i>A. Castillo</i></u> DATE <u>5-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RODLOLFO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, PATRICIO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> <u><i>A. Castillo</i></u> <b>A. Castillo</b> <u>5-21-04</u> <u>(305) 571-5840</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

13906113



04122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1108841**  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
  
 Name  
  
 Street Address (P.O. Box Number is Not Acceptable)  
  
 City **FL** Zip Code

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 *A. Castillo* DATE 5-21-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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**SIGNATURE:** *A. Castillo* **A. Castillo** 5-21-04 (305) 571-5840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #