

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT# P01000065580 1. Entity Name ROARING FORK CORPORATION	
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Principal Place of Business 550 BILTMOREWAY SUITE 700 CORAL GABLES, FL 33134	Mailing Address 550 BILTMOREWAY SUITE 700 CORAL GABLES, FL 33134
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04272004 NoChg-P CR2E034(10/03)

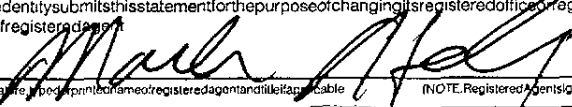
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1131291	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLANDER, MARK 1140 N KENDALL DR 207 MIAMI, FL 33176

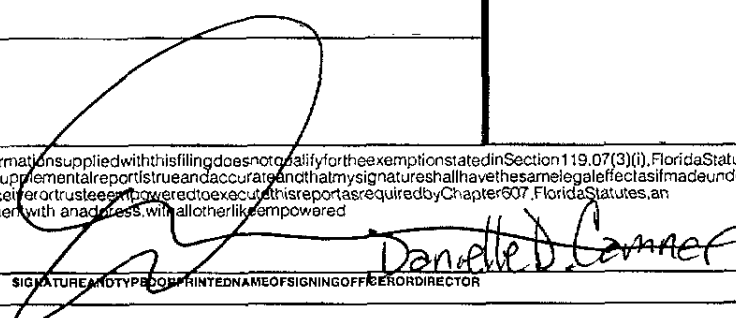
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8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature of person printed below as registered agent and title, if applicable (NOTE: Registered Agent's signature required when re-instating) DATE
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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. ☐ \$5.00 May Be Added to Fees	U000000154932 05/05/04-80017-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMNER, DANIELLE 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMNER, ANNE S 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134
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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 authorized 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/27/04 Date	305-442-4994 Daytime Phone