2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 AUG -6 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/14/04 01011 012 $150.00

DOCUMENT # P01000077875

1. Entity Name
ROFER INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
10780 W FLAGLER STREET, SUITE #11 MIAMI, FL 33174	PO BOX 226731 MIAMI, FL 33122-6731

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1786 N. COMMERCE PARKWAY	1786 N. COMMERCE PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: BROWARD	Zip: 33326 Country:

4. FEI Number: 65-1129468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO J
10200 NW 25TH ST. #207
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: Rodolfo J. Suarez
Street Address (P.O. Box Number Is Not Acceptable): 10200 NW 25th St - #207
City: DORAL FL Zip Code: 33172

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] Rodolfo J. Suarez 7/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

200026899232
01/14/04--01011--012 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GALUE, FERNANDO D 5290 NW 109 AVE, COND 1-HOUSE N6 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GALUE, ROMAN 4300 SW 2ND TERRACE MIAMI, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Fernando D. Galue 03/08/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #