

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90441 027 \*\*\*150.00

**50016098**



04192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000077875</b> 1. Entity Name <b>ROFER INTERNATIONAL, CORP.</b>					
Principal Place of Business <b>1786 NORTH COMMERCE PARKWAY WESTON, FL 33326</b>			Mailing Address <b>1786 NORTH COMMERCE PARKWAY WESTON, FL 33326</b>		
2. Principal Place of Business <b>PO BOX 226731</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO BOX 226731</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-1129468</b>	
Zip <b>33122</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SUAREZ, RODOLFO J 10200 NW 25TH ST. #207 MIAMI, FL 33172</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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD GALUE, FERNANDO D 5290 NW 109 AVE, COND 1-HOUSE N6 MIAMI, FL 33178</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GALUE, ROMAN 4300 SW 2ND TERRACE MIAMI, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, with all other like empowered.			<b>FERNANDO GALUE PRESIDENT</b>		
<b>SIGNATURE:</b>			Date <b>4/19/06</b>		