2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P01000082937** 01-28-2005 90026 036 ***150.00 ROCHA TRADING, CORP. Principal Place of Business Mailing Address 66013553 1653 WEST 33 PL 1653 WEST 33 PL HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 CR2E034 (10/03) City & State City & State Applied For 59-3741588 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 6. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORTO, ANTONIO JR Street Address (P.O. Box Number is Not Acceptable) 6260 N W 112 TERR HIALEAH FL 33012 ; 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. Signature, typed or printed name of registered agent and ride if applicable, (NOTE: Registered Agen) signature required when remotating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DTLE Delete TITLE Addition ☐ Change PORTO, ANTONIO JR NAME MAME STREET ADDRESS **1653 WEST 33 PLACE** SITEET ADDRESS HIALEAH, FL 33012 CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY -ST-7IP ☐ Delete TITLE NAME MALK SPEEL ADDRES STREET ADDRESS CATY-ST-ZIP CITY-SI-ZIP Delete TITLE TITLE ☐ Change Addition | NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ППЕ ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STEET ADDRESS CITY-ST-ZIP CITY-ST-769 IIILE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY -ST-ZIP 12. I hereby certify that the information supplied with this filling 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: X

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO PORTOJA. PRESIDENT

FILED

1-20-05

Daylina Phore #