


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 049 ***150.00

DOCUMENT # P01000085547	
1. Entity Name BAROCA CORP.	

Principal Place of Business 7891 W. FLAGLER ST SUITE 211 MIAMI, FL 33144	Mailing Address 7891 W FLAGLER ST SUITE 211 MIAMI, FL 33144
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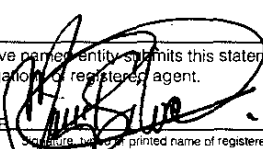
2. Principal Place of Business	3. Mailing Address 7340 nw 14 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State Miami, FL
Zip	Zip 33178
Country	Country US



04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ROJAS, GUILLERMO 5220 SE STERLING CIRCLE STUART, FL 34997	
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7. Name and Address of New Registered Agent Name Milagros Silva Street Address (P.O. Box Number is Not Acceptable) 7340 nw 14 Ave #201 City Miami State FL Zip 33178	
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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 obligation of registered agent. SIGNATURE  Milagros Silva / Pres. DATE 4/30/04 (NOTE: Registered Agent signature required when reinstating)	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROJAS, GUILLERMO 5220 SE STERLING CIRCLE STUART, FL 34997 <input checked="" type="checkbox"/> Delete	P Milagros Silva 7340 nw 14 Ave #201 Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 my 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 addendum with an address, with an other like empowered.

SIGNATURE:  **Milagros Silva / Pres** DATE **4/30/04** 305-6889694