


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90558 003 ***150.00

DOCUMENT # P01000085547	
1. Entity Name BAROCA CORP.	

Principal Place of Business 7340 NW 14 AVE #204 MIAMI, FL 33178	Mailing Address 5445 SW 149TH CT MIAMI, FL 33185
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2. Principal Place of Business <i>1222 Coplon St. East</i>	3. Mailing Address <i>1222 Coplon St. East</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Lehigh, FL</i>	City & State <i>Lehigh, FL</i>
Zip <i>33936</i>	Country <i>US</i>



04262005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SILVA, MILAGROS 7340 NW 14 AVE # 201 MIAMI, FL 33178	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, MILAGROS 7340 NW 14 AVE # 201 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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]* *Milagros Silva / Pm.* 4/26/05 305-282-2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #