
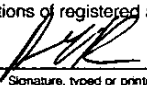


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90011 037 \*\*\*150.00

<b>DOCUMENT # P01000099833</b> 1. Entity Name <b>ROCA CORPORATION</b>					
Principal Place of Business <b>104 CRANDON BLVD</b> <b>302</b> <b>KEY BISCAVNE, FL 33149</b>			Mailing Address <b>104 CRANDON BLVD</b> <b>302</b> <b>KEY BISCAVNE, FL 33149</b>		
2. Principal Place of Business - No P.O. Box # <b>104 CRANDON BLVD.</b>		3. Mailing Address <b>104 CRANDON BLVD.</b>			
Suite, Apt. #, etc. <b>SUITE 302</b>		Suite, Apt. #, etc. <b>SUITE 302</b>			
City & State <b>KEY BISCAVNE, FL</b>		City & State <b>KEY BISCAVNE, FL</b>			
Zip <b>33149</b>	Country <b>USA</b>	Zip <b>33149</b>	Country <b>USA</b>	03262008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROA, ANIBAL</b> <b>104 CRANDON BLVD</b> <b>KEY BISCAVNE, FL 33149</b>				7. Name and Address of New Registered Agent Name <b>ANIBAL ROA V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>104 CRANDON BLVD.</b> <b>SUITE 302</b> City <b>KEY BISCAVNE</b> <b>FL</b> Zip Code <b>33149</b>	
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 				DATE <b>04-01-08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROA, ANIBAL</b> <input type="checkbox"/> Delete <b>971 CRANDON BLVD. APTD. 1208</b> <b>KEY BISCAVNE, FL 33149</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ANIBAL ROA V.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>104 CRANDON BLVD. SUITE 302</b> <b>KEY BISCAVNE, FL 33149</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**50002488**



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 with an address, with all other like empowered.

SIGNATURE: 

04-01-08