
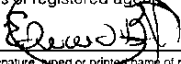
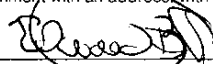


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90008 030 \*\*\*150.00

<b>DOCUMENT # P01000104081</b> 1. Entity Name <b>ROTE CORP.</b>					
Principal Place of Business <b>1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146</b>			Mailing Address <b>C/O BLAKESBERG CO. 951 SW 4TH AVE. BOCA RATON, FL 33432</b>		
2. Principal Place of Business - No P.O. Box # <b>2875 NE 191st St.</b>		3. Mailing Address <b>2875 NE 191st St.</b>			
Suite, Apt. #, etc. <b>Ste. 401</b>		Suite, Apt. #, etc. <b>Ste. 401</b>			
City & State <b>Aventura, Florida</b>		City & State <b>Aventura, Florida</b>			
Zip <b>33180</b>		Country <b>USA</b>		4. FEI Number <b>69-0006373</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BLAKESBERG, JON D 951 SW 4TH AVE. BOCA RATON, FL 33432</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  <b>EDWARD BAKALARZ</b> DATE <b>2/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAKALARZ, EDWARD 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Edward Bakalarz 2875 NE 191st St. Ste. 401 Aventura, Fl. 33180
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKALARZ, RONALD 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Bakalarz 2875 NE 191st St. Ste. 401 Aventura, Fl. 33180
<input checked="" 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					
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 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:  <b>EDWARD BAKALARZ</b> DATE <b>2/19/07</b> DAYTIME PHONE # <b>305 931 0611</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40022645



01082007 Chg-P CR2E034 (12/06)