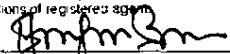
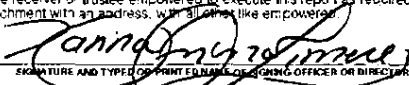


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90231 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000120839			
1. Entity Name ROCOSO INTERNATIONAL, INC.			
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	
2. Principal Place of Business 15771 SHERIDAN ST		3. Mailing Address 15771 SHERIDAN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
DAVIE FL		City & State DAVIE FL	
Zip 33331	Country USA	Zip 33331	Country USA
4. FEI Number 69-0010036		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name NAYARIT BRICENO Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd., Suite 450 City Pembroke Pines FL Zip Code 33024	
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		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 4-22-03 (NOTE: Registered Agent Signature required within 90 days of filing)	
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PO OSORIO, KARINA 201 ALHAMBRA CIRCLE, SUITE 711 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO OSORIO, KARINA 15771 SHERIDAN ST DAVIE, FL 33331 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MARIA, Jimenez 15771 Sheridan St DAVIE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MARIA, Jimenez 15771 Sheridan St DAVIE, FL 33331 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in an attachment with an address, with all other like empowerment.			
SIGNATURE: 		Date 4/22/2003 Typed Name	

11016527



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)