FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90111 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70055264

DOCUMENT # P02000031202

1. Entity Name
ROJAS & ASSOCIATES, INC.

Principal Place of Business
10933 SOUTH WEST 153 CT.
MIAMI, FL 33196-2766

Mailing Address
10933 SOUTH WEST 153 CT.
MIAMI, FL 33196-2766

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15341 South West 114 Terr	15341 South West 114 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33196-5222 Country: Dade	Zip: 33196-5222 Country: Dade

4. FEI Number: 65-1155057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, RICARDO R
10933 SOUTH WEST 153 CT.
MIAMI, FL 33196-2766

7. Name and Address of New Registered Agent

Name: Rojas, Ricardo R.
Street Address (P.O. Box Number is Not Acceptable): 15341 South West 114 Terrace
City: Miami FL Zip Code: 33196-5222

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] Ricardo R. Rojas Pres. 29. APR. 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
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	D ROJAS, RICARDO R 10933 SOUTH WEST 153 CT. MIAMI, FL 331962766	☐ Delete	President Ricardo R. Rojas 15341 South West 114 Terrace Miami Florida 33196-5222	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete		☐ 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)(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] Ricardo R. Rojas 29-APR-03 305 345-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)