


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90175 015 ***150.00

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

FEI NUMBER 00110000
03-0427282
10851 05282002.

DOCUMENT # P02000040518					
1. Entity Name ROCK AND SOD CONNECTION, INC.					
Principal Place of Business 3172 SW 135TH AVENUE MIAMI, FL 33175			Mailing Address 3172 SW 135TH AVENUE MIAMI, FL 33175		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0427282	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, VICTOR E 3172 SW 135TH AVENUE MIAMI, FL 33175			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTIAGO, VICTOR E		NAME		
STREET ADDRESS	3172 SW 135TH AVENUE		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33175		CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTIAGO, JUAN C		NAME		
STREET ADDRESS	3172 SW 135TH AVENUE		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33175		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 or without other like empowered.					
SIGNATURE: <i>Wandy</i>			DATE: <i>4/29/03</i>		
SMALL BUSINESS REPORT FOR CORPORATIONS REGISTERED OFFICER OR DIRECTOR			Date		

CPRE034 (10/02)