


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90279 026 \*\*\*150.00

<b>DOCUMENT # P02000054438</b>	
1. Entity Name <b>ROCIO INVESTMENTS CORP.</b>	

Principal Place of Business <b>25 S.E. 2ND AVE., STE. 900 MIAMI, FL 33131</b>	Mailing Address <b>25 S.E. 2ND AVE., STE. 900 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>Two Alhambra Plaza</b> Suite, Apt. #, etc. <b>Penthouse 1B</b> City & State <b>Coral Gables, Fl.</b> Zip <b>33134</b> Country <b>USA</b>	3. Mailing Address <b>Two Alhambra Plaza</b> Suite, Apt. #, etc. <b>Penthouse 1B</b> City & State <b>Coral Gables, Fl.</b> Zip <b>33134</b> Country <b>USA</b>
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01192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3858633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MURAI, WALD, BIONDO &amp; MORENO, P.A. 25 S.E. 2ND AVE., STE. 900 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Murai Wald Biondo Moreno &amp; Brachin, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Two Alhambra Plaza</b> <b>Penthouse 1B</b> City <b>Coral Gables</b> FL Zip Code <b>33134</b>
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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]* DATE 4/25/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	<b>D ORTIZ, JOSE 25 SE 2ND AVE #900 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ORTIZ, JOSE Two Alhambra Plaza, Penthouse 1B Coral Gables, Fl. 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ORTIZ, JOSE 25 SE 2ND AVE STE 900 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ORTIZ, JOSE Two Alhambra Plaza, Penthouse 1B Coral Gables, Fl. 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MURAI, RENE V 255 S.E. 2ND AVE., STE 900 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Murai, Rene V. Two Alhambra Plaza, Penthouse 1B Coral Gables, Fl. 33134</b> <input checked="" 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

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]* **René V. Murai** **AS** **(305) 444-0101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #