


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90251 046 ***158.75

DOCUMENT # P02000068145

1. Entity Name
ROG & ASSOCIATES, INC.



Principal Place of Business
**POST OFFICE BOX 0155
MIAMI FL 33265**

Mailing Address
**C/O IVAN A. GOMES ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131**

2. Principal Place of Business
8042 West 21st Avenue

3. Mailing Address
c/o Ivan A. Gomez, Esq.

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State

Zip
33016

Country
Miami-Dade

Zip
33016

Country

4. FEI Number
01-0732619

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RODRIGUEZ, GUSTAVO J.
12441 S.W. 21ST LANE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name
IAG CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

Suite# **507**

City
Miami

FL Zip Code
33131

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. **IAG CORPORATE SERVICES, INC.**

SIGNATURE By: *Ivan A. Gomez* **Ivan A. Gomez, President** DATE **2/5/03**

Signature, typed or printed name of registered agent not applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RODRIGUEZ, GUSTAVO J POST OFFICE BOX 0155 MIAMI FL 33265 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HECTOE, RICHARD POST OFFICE BOX 0155 MIAMI FL 33265 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8042 West 21st Avenue Hialeah, Florida 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RICHARD HECTOR 8042 West 21st Avenue Hialeah, Florida 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Gustavo J. Rodriguez* **Gustavo J. Rodriguez, President** DATE **(305) 371-9213**

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

CR2E034 (10/02)