2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State
06-16-2003 90142 020 ***150.00

55050887

DOCUMENT # P02000069859

Entity Name

ROLYS CORP

Principal Place of Business	Mailing Address
[redacted] Apt.//704 Miami/Beach//FL/33139	[redacted] Apt.//704/ Miami/Beach//Florida/33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10701 SW 14th Ct Suite, Apt. #, etc.		10701 SW 14th Ct Suite, Apt. #, etc.	
City & State Davie, Fl		City & State Davie, Fl	
Zip 33324	Country USA	Zip 33324	Country USA

4. FEI Number 04-3763963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ana P. Cobar 1345 West Avenue, Apt. 704 Miami Beach, Florida 33139	Name: Ana P. Cobar Street Address (P.O. Box Number is Not Acceptable): 10701 SW 14th Ct City: Davie **FL** Zip Code: 33324

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.

NATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ET ADDRESS -ST-ZIP	P/VP/S/T/D Ana P. Cobar 1345 West Avenue, #704 Miami Beach, Fl 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/S/T/D Ana P. Cobar 10701 SW 14th Ct, Davie, Fl 33324 ☐ Change ☐ Addition
L ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE: [signature] 6-9-03 954-882-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #