

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00-AM
Secretary of State

DOCUMENT # P02000091944

1. Entity Name
ROFRA REAL ESTATE CORP.




Principal Place of Business
2121 PONCE DE LEON BLVD STE #240
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD STE #240
CORAL GABLES, FL 33134



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1846106	Applied For Not Applicable
5. Certificate of Status Desired  \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD STE #240
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ROYO, MIGUEL A
STREET ADDRESS	2121 PONCE DE LEON BLVD STE #240
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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01/20/04-80057-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #