

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000100716

1. Entity Name
ROCABADO ENTERPRISES, INC.



Principal Place of Business

**6700 CONROY RD.
SUITE 245 2ND. FL.
ORLANDO, FL 32835**

Mailing Address

**6700 CONROY RD.
SUITE 245 2ND. FL.
ORLANDO, FL 32835**



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1845125	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROCABADO, NUBIA S
6700 CONROY RD. SUITE 245 2ND. FL.
ORLANDO, FL 32835**

**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 _____ (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**

0000000122328
04/21/04-80023-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCABADO, LUCY 6700 CONROY RD. SUITE 245 2ND. FL. ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROCABADO, NUBIA S 6700 CONROY RD. SUITE 245 2ND. FL. ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ROCABADO, PASTOR 6700 CONROY RD. SUITE 245 ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04 407-447-5276
Date Daytime Phone #