2003 FOR PROFIT CORPORATION

Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000103438 DOCUMENT # 1. Entity Name 03-31-2003 90167 034 ***150.00 HOTROCKS INVESTMENTS, INC. Principal Place of Business Mailing Address 411 NATHAN HALF RD. 411 NATHAN HALE RD. #B #B WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address 412 S. Pa Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 52-2380523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIRADO, ROSENDO R mber is Not Acceptable) 411 NATHAN HALE RD. WEST PALM BEACH FL 33405 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. IRADO Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P TITLE ☐ Delete TITLE ☐ Addition TIRADO, ROSENDO R NAME NAME 411 NATHAN HALE RD. #B 412 S. Palmugi STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP CITY-ST-7IP TITLE ۷P ☐ Delete TITLE Change ☐ Addition NAME TIRADO, HAYDEE O NAME STREET ADDRESS 1083 BAYSHORE AVE. STREET ADDRESS CITY-ST-ZIP **BAYSHORE NY, 11706** CITY-ST-ZIP TITLE ☐ Delete TITLE 🛣 Change ☐ Addition TIRADO, ROSENDO R NAME 412 S. Palmway #2 STREET ADDRESS 411 NATHAN HALE RD. #B STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33405 CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME TIRADO, HAYDEE O NAME STREET ADDRESS 1083 BAYSHORE AVE. STREET ADDRESS CITY-ST-7IP **BAYSHORE NY 11706** CITY-ST-ZIP Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered

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