

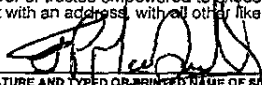


**FILED**  
**Apr 14, 2004 08:00 A**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000122786</b>			
1. Entity Name SOFT-ROCK, CORP.			
Principal Place of Business 780 NW 42ND AVENUE SUITE 420 MIAMI, FL 33126		Mailing Address 780 NW 42ND AVENUE SUITE 420 MIAMI, FL 33126	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 37-1463821	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MAZZA-MARTINEZ, TANIA A 780 NW 42ND AVENUE SUITE 420 MIAMI, FL 33126		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000112042 04/14/04-80007-003 150.00
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	MACDONALD, JAMES P		
STREET ADDRESS	780 NW 42ND AVENUE, SUITE 420		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		5-APR-2004 305-446-5353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

*APR 14 2004*