2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: **∆**

May 03, 2005 8:00 am DOCUMENT # P02000135522 Secretary of State 1. Entity Name 05-03-2005 90109 043 ***150.00 LA ROCCA REAL ESTATE INVESTMENT CORP. Mailing Address Principal Place of Business 28640 S.W. 146 AVE. HOMESTEAD FL 33033 28640 S.W. 146 AVE. HOMESTEAD FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 51-0438720 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONINE, MERLAND J Street Address (P.O. Box Number is Not Acceptable) 2871 SUNRISE LAKES DRIVE E. SUNRISE FL 33322 Zip Code Ċitv FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D TITLE PD ☐ Delete TITLE ☐ Change ★ Addition LAROCCA, RICHARD M NAME NAME CONINE, MERLAND J STREET ADDRESS STREET ADDRESS 28640 S.W. 146 AVE. 2871 SUNRISE LAKES DRIVE.E CITY-ST-ZIP HOMESTEAD FL 33033 CITY-ST-ZIP SUNRISE FL 33322 ☐ Detete TITLE Change Addition | NAME NAME FISHER, MARK I STREET ADDRESS STREET ADDRESS 2871 SUNRISE LAKES DRIVE E CITY-ST-7IP CITY-ST-7IP SUNRISE FL 33322 ☐ Delete TITLE ☐ Change **⋈** Addition TITLE NAME LAROCCA, CHRISTINA I NAME STREET ADDRESS STREET ADDRESS 28640 SW 146 AVE. CITY-ST-ZIP CITY-ST-7IP HOMESTEAD FL 33033 **X** Addition Change TITLE Delete TITLE LAROCCA, RICHARD M. JR. NAME MARAF STREET ADDRESS STREET ADDRESS 28640 SW 146 AVE. CITY-ST-ZIP CITY-ST-7IP HOMESTEAD FL 33033 Change THILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

Richard M. Larocca

FILED