

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90146 004 \*\*\*150.00

<b>DOCUMENT # P03000007151</b> 1. Entity Name <b>ROJAS PROPERTIES, INC.</b>																																												
Principal Place of Business <b>10444 PLEASANT VIEW DRIVE LEESBURG, FL 34788</b>			Mailing Address <b>P.O. BOX 895430 LEESBURG, FL 34789</b>																																									
2. Principal Place of Business <b>1940 SOUTH CREEK BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1940 SOUTH CREEK BLVD.</b> Suite, Apt. #, etc.																																										
City & State <b>PORT ORANGE, FL</b>		City & State <b>PORT ORANGE, FL</b>		4. FEI Number <b>33-1039362</b>																																								
Zip <b>32128</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																								
6. Name and Address of Current Registered Agent  <b>ROJAS, MANUEL J 10444 PLEASANT VIEW DRIVE LEESBURG, FL 34788</b>			7. Name and Address of New Registered Agent Name <b>MANUEL J. ROJAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1940 SOUTH CREEK BLVD.</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32128</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 <b>MANUEL J. ROJAS</b> <i>M.J. Rojas</i> <b>3-5-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																												
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DPTS</b>  <b>ROJAS, MANUEL J</b>  <b>P.O. BOX 895430</b>  <b>LEESBURG, FL 34789</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>V</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>ROJAS, ROLAND J</b> <b>P.O. BOX 895430</b> <b>LEESBURG, FL 34789</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS</b> <b>ROJAS, MANUEL J</b> <b>P.O. BOX 895430</b> <b>LEESBURG, FL 34789</b>		<input type="checkbox"/> Delete		<b>V</b>		<input checked="" type="checkbox"/> Delete		<b>ROJAS, ROLAND J</b> <b>P.O. BOX 895430</b> <b>LEESBURG, FL 34789</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P/S/D</b>  <b>ROJAS, MANUEL J.</b>  <b>1940 SOUTH CREEK BLVD</b>  <b>PORT ORANGE, FL 32128</b> </td> <td style="width: 10%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td></td> <td><b>V/T/D</b></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><b>ROJAS, CELESTE A.</b> <b>1940 SOUTH CREEK BLVD.</b> <b>PORT ORANGE, FL 32128</b></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><b>D</b> <b>ROJAS, MARNEY N.</b> <b>1940 SOUTH CREEK BLVD.</b> <b>PORT ORANGE, FL 32128</b></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/D</b> <b>ROJAS, MANUEL J.</b> <b>1940 SOUTH CREEK BLVD</b> <b>PORT ORANGE, FL 32128</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<b>V/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<b>ROJAS, CELESTE A.</b> <b>1940 SOUTH CREEK BLVD.</b> <b>PORT ORANGE, FL 32128</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<b>D</b> <b>ROJAS, MARNEY N.</b> <b>1940 SOUTH CREEK BLVD.</b> <b>PORT ORANGE, FL 32128</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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. <b>SIGNATURE: MANUEL J. ROJAS - M.J. Rojas, Pres/Sec</b> <b>3-5-05</b> <b>(386)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																												