


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90035 030 ***150.00

DOCUMENT # P03000014755	
1. Entity Name ROCA MARKET CORP.	

Principal Place of Business 2121 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134
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54006620

2. Principal Place of Business 2575 SW 67 AVE	3. Mailing Address 2575 SW 67 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33155	Country US



01302004 Chg-P CR2E034 (10/03)

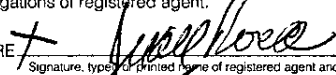
4. FEI Number 22-3894439	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLANOS, JOSE A 2121 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent Name JUAN ROCA Street Address (P.O. Box Number is Not Acceptable) 2575 SW 67 AVE City MIAMI FL 33155

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 **2-3-04**

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2-3-04** 305-665-1405