


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91052 025 ***150.00

DOCUMENT # P03000020895 1. Entity Name ROLREA, INC.					
Principal Place of Business 9130 S DADELAND BLVD STE #1504 MIAMI, FL 33156			Mailing Address 9130 S DADELAND BLVD STE #1504 MIAMI, FL 33156		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 11-3678385	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUZMAN, MARIO I 9130 S DADELAND BLVD STE #1504 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
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			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PSD RODRIGUEZ, ROLANDO 1220 WEST 63RD STREET HIALEAH, FL 33012			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D MENENDEZ, CARIDAD C 1220 WEST 63RD STREET HIALEAH, FL 33012			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VD HANNA, REA C 8600 S.W. 67TH AVE. MIAMI, FL 33143			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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, email, other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/29-04 Daytime Phone #: 786-4703320					