2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045317

1. Entity Name
JOSE ROCA, INC.

Principal Place of Business	Mailing Address
297 MIRACLE MILE CORAL GABLES, FL 33134	297 MIRACLE MILE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
86-1060136		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROCA MASSOTTI, JOSE MANUEL
297 MIRACLE MILE
CORAL GABLES, FL 33134

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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
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ROCA MASSOTTI, JOSE MANUEL
STREET ADDRESS	297 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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04/29/08-80021-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: _____   4/14/2008   305 4482808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #