

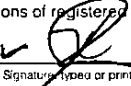



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90230 001 \*\*\*150.00

<b>DOCUMENT # P03000102518</b> 1. Entity Name <b>ROJAS &amp; MEDINA CORPORATION</b>					
Principal Place of Business <b>7250 WEST 24TH AVE HIALEAH, FL 33018</b>			Mailing Address <b>7250 WEST 24TH AVE HIALEAH, FL 33018</b>		
2. Principal Place of Business <b>7250 WEST 24th AVE</b> Suite, Apt. #, etc.: <b>SUITE 5</b> City & State: <b>HIALEAH, FLORIDA</b> Zip: <b>33018</b> Country: <b>USA</b>		3. Mailing Address <b>7250 WEST 24th AVE</b> Suite, Apt. #, etc.: <b>SUITE 5</b> City & State: <b>HIALEAH, FLORIDA</b> Zip: <b>33018</b> Country: <b>USA</b>			
					
4. FEI Number <b>02-0705985</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MORIN, XIOMARA 7201 W. 24 AVE., #5 HIALEAH, FL 33018</b>			7. Name and Address of New Registered Agent Name: <b>MORIN, XIOMARA</b> Street Address (P.O. Box Number is Not Acceptable): <b>8426 NW 201 LOM.</b> City: <b>HIALEAH, FL</b> Zip Code: <b>33015</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>XIOMARA MORIN</b> DATE: <b>4/7/2005</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MORIN, XIOMARA 7201 W. 24 AVE., #5 HIALEAH, FL 33018</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MORIN, XIOMARA 7201 W 24 AVE #5 HIALEAH, FL 33018</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MORIN, XIOMARA 7201 W 24 AVE #5 HIALEAH, FL 33018</b>	<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:  <b>XIOMARA MORIN</b> DATE: <b>4/7/2005</b> (305) 819-0123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					