2006 FOR PROFIT CORPORATION

FILED Jan 12, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P03000130226 1. Entity Name ROC-OFF MANAGEMENT, INC. Principal Place of Business Mailing Address 2825 SW 129TH AVENUE 2825 SW 129TH AVENUE MIRAMAR, FL 33027 US MIRAMAR, FL 33027 No Chg-P CR2E034 (11/05) 01092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0070678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCHE, JOSE LUIS DO NOT WRITE 2825 SW 129TH STREET MIRAMAR, FL 33027 IN THIS SPACE 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 reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROCHE, JOSE LUIS NAME STREET ADDRESS 2825 129 AVENUE CITY-ST-ZIP MIRAMAR, FL 33027 Tiphna0383497 01/13/06-80003-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME STREET ADDRESS DO NOT WRITE COTY -ST-ZIP IN THIS SPACE BILLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITCE NAME

12. I hereby certify that the information supplied with the 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 cath; 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 syr address, with all otherlike empowered.

SIGNATURE: _

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR