2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 8:00 am Secretary of State 01-20-2005 90023 029 ***150.00

DOCU! 1. Entity Nam ROCKY'S	-			1	01-20-2005 9	90023 02	29 ***150	0.00				
Principal Plac 4300 N UNIV LAUDERDHIL	VERSITY DR S		Mailing Address 4300 N UNIVERSITY DR STE D-106 LAUDERDHILL, FL 33351				40003422					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01122005	Chg-P	CR2E	34 (10/03)		
City & State	е		City & State				4. FEI Number 20-03929	914			plied For	
Zip	Country		Zip	·		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	_6. Name	and Address of Current	Registered Agent				7Name and A	ddress of New F	Registered .	Agent		
ALVAREZ, JAMIE ESQ. 4300 N UNIVERSITY DR STE D-106 LAUDERDHILL, FL 33351					Street Add	Ioel F. Greenberg, Esq. ddress (P.O. Box Number is Not Acceptable) 1300 N University Dr. Suite D106						
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 expectable. (NOTE: Registered Agent signature required Amen renstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.	OFFICERS AND DIRECTORS						ADDITIONS/CI	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	D GREEN, J	OEL E	Delete TITL		t t	Gre	eenberg,			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4300 N UNIVERSITY DR STE D-106 LAUDERDHILL, FL 33351			1	ET ADORESS -ST-ZIP	430	00 N Uni uderhill	versity	Dr.	, Suit	e D106	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	-3096-SW_1	TEIN, HOWARD 4.ST IDERDALE, FL 33312			i i			., ru 33		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, out Bu	DENOTEL, E 33312	☐ Delete	TITLE NAMI STRE						Change	Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		****	☐ Delete	TITLE NAMI STRE	:					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
	1 certify that the on this report	information supplied with or supplemental report is	this filing does not qualify for true and accurate and that report			d in Sec	ction 119.07(3)(i), same legal effect a	Florida Statutes,	I further cer oath; that I	rtify that the in	or director	

of the corporation or the receiver or rustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.