## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153584  1. Entity Name ROCK HOLDINGS INC.				OLAPR 26 ANTH: 20	
ROCK HC	DEDINGS INC.			TÀLLAHASSEE, FLORIDA	
Principal Place	e of Business	Mailing Address			
12237 SW 17 MIAMI, FL 33		12237 SW 129 CT MIAMI, FL 33186			
2. Principal P	lace of Business	3. Mailing Address	-7 11		
Suite, Apt. #, etc.		c/o 2300 Coral Way Suite, Apt. #. etc. Suite # 200		03302004 Chg-P CR2E034 (10/03)	
City & State		City & State Miami, Florida		4. FEI Number 32-0105231 Applied f	
Zip	Country	Zip 33145	Country US	5. Certificate of Status Desired S8.75 Additional Fee Required	I
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
FERNAND 12237 SW	EZ, ENRIQUE		<u> </u>	FLORIDA ANNUAL REPORT SERVICES INC.  ddress (P.O. Box Number is Not Acceptable)	
MIAMI, FL					
			City	2300 Coral Way Suite # 200	
			' M	Miami <b>୮∟</b> 33]	145
<ol><li>The above the obligat</li></ol>	named entity subthits this statement for the sta	or the purpose of changing its r	egistered office or r	registered agent, or both, in the State of Florida. I am familiar with, and ar	ccept
SIGNATURE_	Sikellill	An An	MA-DA CA	SNITERA LOPEZ 20/4/04	
SIGNATURE -	Signature, typed or printed name of registered agen	t and title (applicable). (NOTE:	Registered Agent signature	ure required when reinstating) DATE	
FiL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	DPVS FERNANDEZ, ENRIQUE 12237 SW 129 CT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
CITY-ST-ZIP  TIŢLE  NAME  STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33186 T FERNANDEZ, ENRIQUE 12237 SW 129 CT	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAUZB Change A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ #	Additio
indicated of the co	don this report or supplemental report	is true and accurate and that me obwered to execute this report a	v signature shall ha	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the informal lave the same legal effect as if made under oath; that I am an officer or direct appears from the same legal effect as if made under oath; that I am an officer or direct appears in Block 10 or Block 10 or Block	ector
ŭ				4/20/01	
SIGNAT	TURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER O	DR DIRECTOR	Date Daylitre Phone #	—