To: From: Spiegel & Utrera

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90125 017 ***163.75

DOCUMENT # P04000045795

1. Entity Name
Rock America Inc.

DO NOT WRITE IN THIS SPACE

50051584

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2. Principal Place of Business	3. Mailing Address
~~3203~~ FLORIDA	~~32030~~ HANS Liptak
Suite, Apt. #, etc.	Suite, Apt. #, etc. 32030 Chipola Tr.
City & State	City & State Sorrento FL.
Zip / Country	Zip 32776 / Country U.S.

4. FEI Number 56-2443205 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami **FL** Zip Code: 33145

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.

SIGNATURE: Natalia Utrera Spiegel & Utrera, P.A. 4/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President P	TITLE	
NAME	HANS Liptak	NAME	
STREET ADDRESS	32030 Chipola Tr.	STREET ADDRESS	
CITY-ST-ZIP	Sorrento FL. 32776	CITY-ST-ZIP	
TITLE	Secretary S	TITLE	
NAME	HANS Liptak	NAME	
STREET ADDRESS	32030 Chipola Tr.	STREET ADDRESS	
CITY-ST-ZIP	Sorrento, FL 32776	CITY-ST-ZIP	
TITLE	Treasurer T	TITLE	
NAME	HANS Liptak	NAME	
STREET ADDRESS	32030 Chipola Tr.	STREET ADDRESS	
CITY-ST-ZIP	Sorrento FL 32776	CITY-ST-ZIP	
TITLE	Director D	TITLE	
NAME	HANS Liptak	NAME	
STREET ADDRESS	32030 Chipola Tr.	STREET ADDRESS	
CITY-ST-ZIP	Sorrento FL. 32776	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Hans Liptak 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #