2007 FOR PROFIT CORPORATION

May 07, 2007 8:00 am Secretary of State ANNUAL REPORT 05-07-2007 90062 043 ***150.00 **DOCUMENT # P04000066699** ROCKRIDGE DEVELOPMENT CORPORATION 40106973 Principal Place of Business Mailing Address 6201 SW 70 ST 6201 SW 70 ST 102 SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 34-1193732 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAW OFFICES OF CARRILLO & CARRILLO, P.A. reet Address (P.O. Box Number is Not Acceptable) 1401 PONCE DE LEON BLVD CORAL GABLES, FL 33134 City Corns GA 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/amiliar with, the obligations of registered agent. SIGNATURE printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May-1,-2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE VICE PRESIDENT. ☐ Addition TITLE Delete HECTOR, CAPO NAME NAME HECTOR CAPO 6250 SW 84 ST STREET ADDRESS STREET ADDRESS 7166 SW 47 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP MIAMI ☐ Change TITLE Delete TITLE Addition PRESIDENT. JORGE A. FERNANDEZ NAME STREET ADDRESS STREET ADDRESS 7166 SW 47 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI, F1 33/55 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP 12. I hereby certify that the information supplied with this 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 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.

JORGE A.

RE AND DYPES OR PRINTED NAME OF SIGNIF

SIGNATURE:

FILED