

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 008 ***150.00

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1. Entity Name
ROCKY'S REAL ESTATE ENTERPRISES, INC.



Principal Place of Business 390 WOODBINE WAY #302 PALM BEACH GARDENS, FL 33418 US	Mailing Address 390 WOODBINE WAY #302 PALM BEACH GARDENS, FL 33418 US
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40045043



2. Principal Place of Business 17756 38th St. N. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 17516 Suite, Apt. #, etc.
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03042005 Chg-P CR2E034 (10/03)

City & State Loxahatchee FL	City & State West Palm Bch FL	4. FEI Number 20-1249040	Applied For Not Applicable
Zip 33470	Country	Zip 33416	Country Palm Beach

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

6. Name and Address of Current Registered Agent

**MASTANTONIO, ROCCO T JR.
 390 WOODBINE WAY
 #302
 PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
17756 38th St. N.
 City **Loxahatchee** **FL** Zip Code **33470**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MASTANTONIO, ROCCO T JR. 390 WOODBINE WAY, #302 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17756 38th St. N. Loxahatchee, FL 33470
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 recorder 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 another like empowered.

SIGNATURE: *Rocco Mastantonio* President **3/4/2005** (561) **876-2260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #