2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State
09-07-2005 90012 006 ***150.00

DOCUMENT # P04000102784

1. Entity Name
ROCKY REAL ESTATE, INC.

Principal Place of Business	Mailing Address
9448 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	9448 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837

07082005 Chg-P CR2E034 (10/03)
SS# 124-76-2072

2. Principal Place of Business	3. Mailing Address
9448 S. ORANGE Blossom TR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State: ORLANDO FLORIDA.
Zip: 32837 Country: U.S.A	Zip: 32837 Country: U.S.A

4. FEI Number 20-1353503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAHADEO, VISHNA
9448 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: VISHNA MAHADEO
Street Address (P.O. Box Number is Not Acceptable): 9448. S. ORANGE Blossom TR.
City: ORLANDO FL Zip Code: 32837

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: VISHNA MAHADEO [signature] 08/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MAHADEO, VISHNA	
STREET ADDRESS	9448 S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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.

SIGNATURE: [signature] VISHNA K. MAHADEO 08/15/05 321-662-0626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #