2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017045 1. Entity Name

RO.RO SERVICES, INC.



Apr 18, 2008 08:00 A Secretary of State

FILED

Principal Place of Business

7601 SW 136 CT MIAMI, FL 33183 Mailing Address

7601 SW 136 CT MIAMI, FL 33183



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04152008 No Chg-P

4. FEI Number 55-0889548 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROMAN 7601 SW 136 CT MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

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 Signature: typed or priviled name of registered agent and title if applicable (NOTE Registered				gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000905611 05/01/08-80060-009	150.00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ROMAN 7601 SW 136 CT MIAMI, FL 33183					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, MAYRA 7601 SW 136 CT MIAMI, FL 33183					
NAME STREET ADDRESS CITY-ST-ZIP	,		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby 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,

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Dayume Phone #