

2007 FOR PROFIT CORPORATION ANNUAL REPORT

08-13-2007 90022 011 ***550.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000020697			
1. Entity Name ROFI REALTY CORPORATION			
Principal Place of Business 848 BRICKELL KEY DR 2701 MIAMI, FL 33131		Mailing Address 848 BRICKELL KEY DR 2701 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 901 Brickell Key Blvd.		3. Mailing Address	
Suite, Apt. #, etc. #604		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33131 Country C		Zip Country	
4. FEI Number 20-4325085		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEREZ, COSME E 160 12TH AVENUE NE NAPLES, FL 34120		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ABREU-MARTINEZ, SORAIDA A 848 BRICKELL KEY DR SUITE 2701 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 901 Brickell Key Blvd. #604 MIAMI FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ-GARCIA, JOSE E 848 BRICKELL KEY DR SUITE 2701 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 901 Brickell Key Blvd. #604 MIAMI FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE:		18 JULY 2007 305 374 3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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