

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90007 001 ***550.00

DOCUMENT # P06000020714																																																																																																																																			
1. Entity Name ROFI CONSTRUCTION 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 901 BRICKELL KEY BLV.																																																																																																																																	
Suite, Apt. #, etc. 604		Suite, Apt. #, etc. 604																																																																																																																																	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 20-4325072																																																																																																																															
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent PEREZ, COSME E 160 12TH AVENUE NE NAPLES, FL 34120			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name TRANSGLOBAL CORPORATE ADMINISTRATION, LLC. </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Suite 0-305 </td> </tr> <tr> <td style="padding: 2px;"> City MIAMI </td> <td style="padding: 2px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Zip Code 33131 </td> </tr> </table>			Name TRANSGLOBAL CORPORATE ADMINISTRATION, LLC.		Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Suite 0-305		City MIAMI	FL	Zip Code 33131																																																																																																																							
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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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE <small>Signature, typed or printed name of registered agent and date if applicable.</small> </td> <td style="width:60%; vertical-align: bottom;"> Nicholas Stanbury Transglobal Corporate Administration 08/09/07 <small>(NOTE: Registered agent signature required when reinstating)</small> </td> </tr> </table>						SIGNATURE <small>Signature, typed or printed name of registered agent and date if applicable.</small>	Nicholas Stanbury Transglobal Corporate Administration 08/09/07 <small>(NOTE: Registered agent signature required when reinstating)</small>																																																																																																																												
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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																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <!-- Block 10 --> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:55%; padding: 2px;">P</td> <td style="width:30%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:55%; padding: 2px;"></td> <td style="width:30%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HERNANDEZ-GARCIA, JOSE E</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">848 BRICKELL KEY DR</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI, FL 33131</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <!-- Block 11 --> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VICE PRESIDENT</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">SORAIDA ABREV</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">901 Brickell Key Blvd. Suite 604</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Miami, Florida 33131</td> <td></td> </tr> <!-- Additional empty rows for blocks 10 and 11 --> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> </table>						10. 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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:			08/09/07 305 374 3900																																																																																																																																
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