

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 BLVD.			
Suite, Apt. #, etc. 604		Suite, Apt. #, etc. 604			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 20-4325072	Applied For Not Applicable
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 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		
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:  Nicholas Stanbury Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when reinstating) DATE 08/09/07					
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 HERNANDEZ-GARCIA, JOSE E 848 BRICKELL KEY DR MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SORAIDA ABREV 901 Brickell Key Blvd. Suite 604 Miami, Florida 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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	
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 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: X 			08/09/07		305 374 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #