


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000001679**

1. Entity Name  
**LA ROCA CONSTRUCTION CORP.**




Principal Place of Business      Mailing Address  
 3660 NW 41 ST.      3660 NW 41 ST.  
 MIAMI, FL 33142 US      MIAMI, FL 33142 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country



03012004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0458266**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARBA, ARMANDO**  
**11133 SW 145TH AVE.**  
**MIAMI, FL 33186**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BARBA, NATIVIDAD	
STREET ADDRESS	11133 SW 145TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARBA, ARMANDO	
STREET ADDRESS	11133 SW 145TH AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOURDES MONTEJO	
STREET ADDRESS	8360 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALERO, LIZETTE	
STREET ADDRESS	14621 S.W. 110 TERR.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	BARBA, ARMANDO J	
STREET ADDRESS	14621 SW 110TH TERR.	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000090371
CITY-ST-ZIP	03/17/04-80016-007 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *Lourdes Montejo*      **3/11/04**      **305 632 4787**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #