


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 015 ***150.00

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**

00023636



2. Principal Place of Business 3. Mailing Address
13751 SW 143RD CT. **13751 SW 143RD CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
102 **102**

02152005 Chg-P CR2E034 (10/03)

City & State City & State
MIAMI, FL. **MIAMI, FL.**

4. FEI Number Applied For
65-0458266 Not Applicable

Zip Country Zip Country
33186 **US** **33186** **US**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	BARBA, NATIVIDAD	
STREET ADDRESS	11133 SW 145TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	
NAME	BARBA, ARMANDO	
STREET ADDRESS	11133 SW 145TH AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	
NAME	LOURDES, MONTEJO	
STREET ADDRESS	8380 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	
NAME	VALERO, LIZETTE	
STREET ADDRESS	14621 S.W. 110 TERR.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VPST	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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)(i), 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: *Armando Barba* 03-04-05 (786) 573-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #