
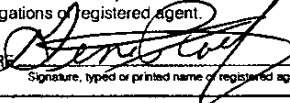
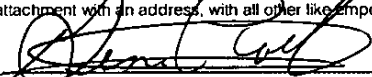


FILED
May 02, 2005 8:00 am
Secretary of State

2000

| | | | |
|--|---|--|---|
| DOCUMENT # P96000005963 | | Secretary of State 05-02-2005 90460 025 ***150.00 | |
| 1. Entity Name ROEFARO T CORP | |  | |
| Principal Place of Business 231-A DOUGLAS ROAD EAST SUITE 2 OLDSMAR, FL 34677 | | Mailing Address 231-A DOUGLAS ROAD EAST SUITE 2 OLDSMAR, FL 34677 | |
| 2. Principal Place of Business 231 DOUGLAS RD E. | | 3. Mailing Address 231 DOUGLAS RD E. | |
| Suite, Apt. #, etc. 10 | | Suite, Apt. #, etc. 10 | |
| City & State OLDSMAR, FL | | City & State OLDSMAR, FL | |
| Zip 34677 | Country USA | Zip 34677 | Country USA |
| 6. Name and Address of Current Registered Agent ROEFARO, GENE R 231-A DOUGLAS ROAD, SUITE 2 OLDSMAR, FL 34677 | | 7. Name and Address of New Registered Agent Name GENE ROEFARO Street Address (P.O. Box Number is Not Acceptable) 231 DOUGLAS RD. E., #10 City OLDSMAR FL Zip Code 34677 | |
| 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:  GENE ROEFARO 9-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 | PV ROEFARO, GENE R 20 WOODGLEN CT. OLDSMAR, FL <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 |
| 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 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:  GENE ROEFARO 9-25-05 854-4342 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |