2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000048974

1. Entity Name
ROROGA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6553 STIRLING RD	6553 STIRLING RD
DAVIE, FL 33314 US	DAVIE, FL 33314 US

DO NOT WRITE IN THIS SPACE

4U01J4JJ

02142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0672875	Not Applicable

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

6. Name and Address of Current Registered Agent

ROGOFF, ALLAN
395 WILDWOOD LN
DEERFIELD BCH, FL 33442

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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.

SIGNATURE_____

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

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

TITLE	PSD
NAME	ROGOFF, ALLAN A
STREET ADDRESS	395 WILDWOOD LN
CITY-ST-ZIP	DEERFIELD BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #