


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P97000044564 (7)</b> 1. Corporation Name <b>ROLLING BLUNTS, INC.</b>			
Principal Place of Business <b>7750 SW 132 COURT MIAMI FL 33183</b>		Mailing Address <b>7750 SW 132 COURT MIAMI FL 33183</b>	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4326 SW 73 AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 25 <b>4326 SW 73 AVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/16/1997</b>	
22 <b>MIAMI FL 33155</b> City & State		27 <b>MIAMI FL</b> City & State		4. FEI Number <b>65-0752472</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 <b>33155</b> Zip		28 <b>USA</b> Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33155</b> Zip		29 <b>USA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>SALAZAR, JOSUE 7750 SW 132 COURT MIAMI FL 33183</b>				10. Name and Address of New Registered Agent 81 Name <b>SALAZAR, JOSUE</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>4326 SW 73 AVE</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33155</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JOSUE SALAZAR** (NOTE: Registered Agent signature required when reinstating) DATE **1/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOSUE SALAZAR** (305) 264-2240 DATE **1/27/98**

CR2E034 (10/97)