

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90033 048 ***150.00

DOCUMENT # P97000067990	
1. Entity Name ROVERS LAND, INC.	

Principal Place of Business 385 NE 79TH ST MIAMI FL 33138-4820 US	Mailing Address 385 NE 79TH ST MIAMI FL 33138-4820 US
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2. Principal Place of Business 675 N. Biscayne River DR Suite, Apt. #, etc.	3. Mailing Address 675 N. Biscayne River DR Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Miami - FL	City & State Miami - FL
Zip 33169-6215	Country Dade
Zip 33169-6215	Country Dade

4. FEI Number 65-0771212	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, LEONARD 385 NE 79TH STREET MIAMI FL 33138	
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7. Name and Address of New Registered Agent Name Torres, Leonard Street Address (P.O. Box Number is Not Acceptable) 675 N. Biscayne River DR City Miami FL Zip Code 33169	
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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  Leonard Torres DATE 04/03/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, LEONARD 385 NE 79 STREET MIAMI FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD YOEL, TORRES VIDAL 385 NE 79TH ST MIAMI FL 33138-4820 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same 675 N. Biscayne River DR Miami-FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input type="checkbox"/> Change <input type="checkbox"/> Addition same 675 N. Biscayne River DR Miami-FL 33169
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  Leonard Torres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04-03-2006 305-754-8900 <small>Date Daytime Phone #</small>
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