


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000084773</b> 1. Entity Name ROFIJA CORP.	
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Principal Place of Business 1121 CRANDON BLVD STE E-1204 KEY BISCAVNE, FL 33149	Mailing Address 1121 CRANDON BLVD STE E-1204 KEY BISCAVNE, FL 33149
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01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0836190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  ORTA, JORGE R 2600 SW 3RD AVE STE 800B MIAMI, FL 33129	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

1100000223387  
02/10/05-80040-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRUZ, JOSEPHINE 1121 CRANDON BLVD STE E-1204 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, ROBERTA 600 NW 7 AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALEJANDRO, ROTUNDO 600 NW 7 AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROTUNDO, JOHN A 795 SW 3RD ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Josephine Cruz 2/8/05 305 361 9675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #