

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90018 041 ***150.00

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1. Entity Name
ROFIJA CORP.



Principal Place of Business
1121 CRANDON BLVD STE E-1204
KEY BISCAYNE, FL 33149

Mailing Address
1121 CRANDON BLVD STE E-1204
KEY BISCAYNE, FL 33149

40034960



DO NOT WRITE IN THIS SPACE

02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0836190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTA, JORGE R
2600 SW 3RD AVE
STE 800B
MIAMI, FL 33129
*3191 CORAL WAY
STE 605
MIAMI FL 33145*

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CRUZ, JOSEPHINE
STREET ADDRESS	1121 CRANDON BLVD STE E-1204
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	DV
NAME	CRUZ, ROBERTA
STREET ADDRESS	600 NW 7 AVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	DS
NAME	ALEJANDRO, ROTUNDO
STREET ADDRESS	600 NW 7 AVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	DVS
NAME	ROTUNDO, JOHN A
STREET ADDRESS	795 SW 3RD ST
CITY-ST-ZIP	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 exemptions contained in Chapter 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:

Josephine Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07
Date

305-3619675
Daytime Phone #