
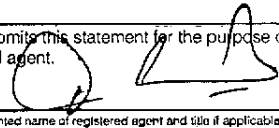
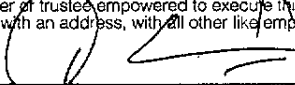
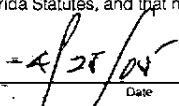


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000003512		
1. Entity Name LA ROCA SPRING WATER, CORP.		
Principal Place of Business 11850 SW 19TH TERR UNIT 129 MIAMI, FL 33175	Mailing Address 11850 SW 19TH TERR UNIT 129 MIAMI, FL 33175	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MACEDO, CARLOS 9745 MILLER DRIVE MIAMI, FL 33165		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  (NOTE: Registered Agent signature required when relocating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PALOMO, LUIS 11850 SW 19TH TERR UNIT 129 MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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  (205) 559-6027 Daytime Phone #



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0804579

Applied For
Not Applicable

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

U000000352262
05/03/05-80020-009 150.00

**DO NOT WRITE
IN THIS SPACE**