

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000010924

1. Entity Name
ROC ENTERPRISES CORPORATION



Principal Place of Business
1 W.FLAGLER ST.
MIAMI, FL 33136

Mailing Address
1 W.FLAGLER ST.
MIAMI, FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0813014	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALKAS, MARTTI
245 SE 1ST STREET
SUITE 311
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME KLEISLER, ERIC
STREET ADDRESS 6687 SW 104
CITY-ST-ZIP MIAMI, FL 33173

TITLE VPD Delete
NAME DESVIGNE, GEORGES
STREET ADDRESS 199 OCEAN LN., #804
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE SD Delete
NAME DIMER, DESVIGNE
STREET ADDRESS 199 OCEAN LN., #1114
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME Didier, Desvignes
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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

George Desvigne 03/16/04 305-416-3370
Daytime Phone #

54020208



03-22-2004 90024 043 ***150.00

FILED

Mar 22, 2004 8:00 am
Secretary of State