FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90470 021 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010924

1. Entity Name

ROC ENTERPRISES CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 W. FLAGLER STREET	1 W. FLAGLER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33136 Country:	Zip: 33136 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0813014 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KALKAS, MARTI

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

245 SE 1 STREET SUITE311

City: MIAMI FL Zip Code: 33131

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERIC KLEISLER
STREET ADDRESS	6687 SW 104 AVE.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VPD
NAME	GEORGES DESVIGNE
STREET ADDRESS	199 OCEAN LANE # 804
CITY-ST-ZIP	KEY BIACAYNE, FL 33149
TITLE	SD
NAME	DIDIER DESVIGNE
STREET ADDRESS	199 OCEAN LANE # 1114
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GEORGES DESVIGNE 02/10/2003 (305)498-6284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #