.2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000028229

1. Entity Name
ROJAS INCORPORATED

Principal Place of Business	Mailing Address
11542 SW 152 PLACE MIAMI, FL 33196	11542 SW 152 PLACE MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0823564	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, ANA M
11542 SW 152 PL
MIAMI, FL 33173

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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	03/30/06-80016-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ROJAS, RAFAEL JR.
STREET ADDRESS	11542 SW 152ND PLACE
CITY-ST-ZIP	MIAMI, FL 33196

TITLE	D
NAME	ROJAS, ANA M
STREET ADDRESS	11542 SW 152 PL
CITY-ST-ZIP	MIAMI, FL 33196

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1-15-06   305-388-6598

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