

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90232 014 \*\*\*150.00

**DOCUMENT # P98000034654**

1. Entity Name  
**ROCKS 2 CLIMB, INC.**



Principal Place of Business  
**1700 NORTH DIXIE HIGHWAY  
SUITE 147  
BOCA RATON, FL 33432**

Mailing Address  
**1700 NORTH DIXIE HIGHWAY  
SUITE 147  
BOCA RATON, FL 33432**

**94071737**

2. Principal Place of Business  
**8221 Glades Rd  
Suite 101**

3. Mailing Address  
**8221 Glades Rd  
Suite 101**



04212004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton FL**  
Zip  
**33434**  
Country  
**USA**

City & State  
**Boca Raton FL**  
Zip  
**33434**  
Country  
**USA**

4. FEI Number  
**65-0828814**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRAF, GILBERT  
1700 NORTH DIXIE HIGHWAY  
SUITE 147  
BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name  
**Gilbert Kraf.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8221 GLADES RD  
Suite 101**  
City **BOCA RATON** FL Zip Code **33434**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
KRAF, GIBERT  
1700 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33432** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SVD  
BERFOND, LAWRENCE M  
1700 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33432** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
KRAF, Gilbert  
8221 GLADES RD STE 101  
BOCA RATON FL 33434** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SVD  
BERFOND, LAWRENCE M  
8221 GLADES RD STE 101  
BOCA RATON FL 33434** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

**4/21/04 954-520-6540**

Date

Daytime Phone #