

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/3/2005-90223-001-\$300.00-\$300.00 *
5/3/2005-90223-002-\$78.75-\$78.75

FILED

05 JUN -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00010000

DOCUMENT # P98000045327

1. Entity Name

Roca Boca Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5819 NW 36 ST

Subd., Apt. #, etc.

3. Mailing Address

Subd., Apt. #, etc.

City & State

Miami FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

630836646

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 *Rodrigo Gonzalez*

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

252 Linwood Dr.

City *Miami*

FL

Zip Code *33166*

**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 of Registered Agent)

(Signature of Officer or Director)

DATE

January 1 - May 31 Fee is \$180.00

After May 1 - Fee is \$350.00

Amended UBR is \$65.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

*D. Gonzalez, Rodrigo
252 Linwood Dr.
Miami FL 33166*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*D. Loya, Carlos
589 South Drive
Miami Springs FL 33166*

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like information.

SIGNATURE:

(Signature)

Date

(Signed) Name P

CR20348 (12/02)

ATTACHMENT

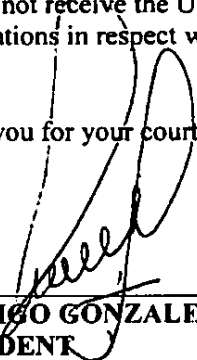
66015033
#P9800004537

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 or any other notice from the Division of Corporations in respect with the Corporation **ROCA BOCA, INC.**

Thank you for your courtesy in this matter.



RODRIGO GONZALEZ
PRESIDENT