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

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

05 JUN -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045327

1. Entity Name

Roca Boca Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6819 NW 36 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33166 County: USA	Zip / County

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650836646 ☐ 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

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

January 1 - May 1 Fee is $100.00
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	D
NAME	Gonzalez, Rodrigo
STREET ADDRESS	252 Linwood Dr.
CITY-ST-ZIP	Miami FL 33166
TITLE	D.
NAME	Loya, Carlos
STREET ADDRESS	589 South Drive
CITY-ST-ZIP	Miami Springs FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	STATEMENT 04-05
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

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: _____

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

ATTACHMENT

'660015033
#P98000045374

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