


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P98000086114 1. Entity Name ROC SHEE, INC. |  |
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| Principal Place of Business 5401 W OAK RIDGE RD STE 61 ORLANDO, FL 32819 US | Mailing Address TRADEX BOX 5401 W OAK RD STE 61 ORLANDO, FL 32819 |
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03032004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3536772 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PATEL, HIREN M 828 CHAMBERLAIN LOOP LAKE WALES, FL 33853 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000145535 05/03/04-80029-022 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PATEL, HIREN M 828 CHAMBERLAIN LOOP LAKE WALES, FL 33853 |
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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: *Hiren M Patel* **P** 4-2304 407-248-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #