


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 007 ***150.00

DOCUMENT # P99000004914 1. Entity Name RONROCA, INC.																																			
Principal Place of Business 3975 N.W. 4TH TERR. MIAMI, FL 33126		Mailing Address 3975 N.W. 4TH TERRACE MIAMI, FL 33126																																	
2. Principal Place of Business 231 S.W. 64 CT. Suite, Apt. #, etc.		3. Mailing Address 231 S.W. 64 CT. Suite, Apt. #, etc.																																	
City & State MIAMI, FL. Zip 33144		City & State MIAMI, FL. Zip 33144																																	
Country MIAMI-DADE		Country MIAMI-DADE																																	
4. FEI Number 65-0972796		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent RODRIGUEZ, LEONARDO 3975 N.W. 4 TERR. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name RODRIGUEZ, LEONARDO Street Address (P.O. Box Number is Not Acceptable) 231 S.W. 64 CT. City MIAMI FL Zip Code 33144																																	
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 <u><i>Leonardo Rodriguez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> REP RODRIGUEZ, LEONARDO 3975 N.W. 4 TERRACE MIAMI, FL 33126 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REP RODRIGUEZ, LEONARDO 3975 N.W. 4 TERRACE MIAMI, FL 33126 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> ATTS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RODRIGUEZ, LEONARDO 231 S.W. 64 CT. MIAMI, FL. 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RODRIGUEZ, LEONARDO 231 S.W. 64 CT. MIAMI, FL. 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <u><i>Leonardo Rodriguez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/30/05 305-862-5313 Date Daytime Phone #																																	

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