

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90276 030 \*\*\*150.00

0222985 AV

**DOCUMENT # P99000008251**

1. Entity Name  
**ROEL CORPORATION**



Principal Place of Business  
**14 NE 1 AVENUE  
803  
MIAMI FL 33132**

Mailing Address  
**14 NE 1 AVENUE  
803  
MIAMI FL 33132**



2. Principal Place of Business  
**36 NE 1st Street**

3. Mailing Address  
**36 NE 1st Street**

Suite, Apt. #, etc.  
**SUITE # 423**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33132**

Country  
**USA**

Zip  
**33132**

Country  
**USA**

4. FEI Number **65-0891432**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOUKHARAEVA, ELVIRA  
1048 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name  
**ELVIRA BOUKHARAEVA**

Street Address (P.O. Box Number is Not Acceptable)  
**2049 South Ocean Drive #506**

City  
**Hallandale**

State  
**FL**

Zip Code  
**33009**

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 **01/07/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

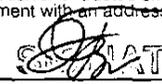
10. OFFICERS AND DIRECTORS

TITLE <b>PS</b>	<input type="checkbox"/> Delete
NAME <b>BOUKHARAEVA, ELVIRA</b>	
STREET ADDRESS <b>16909 NORTH BAY ROAD, #404</b>	
CITY-ST-ZIP <b>SUNNY ISLES FL 33160</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOUKHARAEVA, ELVIRA</b>	
STREET ADDRESS <b>2049 SOUTH OCEAN DRIVE #506</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

Date: **04/04/03** Day/Time Phone #: **(305) 371-5811**

CR2E034 (10/02)