



**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V48135</b> 1. Entity Name ROE INTERNATIONAL OF MIAMI, INC.				<b>Apr 28, 2006 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business 19640 NE 12TH AVE. NORTH MIAMI BEACH, FL 33179		Mailing Address POST OFFICE BOX 471295 MIAMI, FL 33147			
<b>DO NOT WRITE IN THIS SPACE</b>				04252005 No Chg-P CR2E034 (11/05)	
				4. FEI Number: 65-0350965 Applied For: Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGIEMWANYE, ROSE 19640 NE 12TH AVE NORTH MIAMI BEACH, FL 33179				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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				U00000543160 05/10/06-80127-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P OGIEMWANYE, ROSE 19640 NE 12TH AVE. NORTH MIAMI BEACH, FL 33179		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP OGIEMWANYE, OSA 19640 NE 12TH AVE. NORTH MIAMI BEACH, FL 33179			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Rose Ogiemwanye</u> 4/26/06 305 65400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					