

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90007 001 \*\*\*550.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| DOCUMENT # P06000020714  |   |  |   |            |  |
| 1. Entity Name<br>ROFI CONSTRUCTION CORPORATION  |   |  |   |   |  |
| Principal Place of Business<br>848 BRICKELL KEY DR<br>2701<br>MIAMI, FL 33131  |   | Mailing Address<br>848 BRICKELL KEY DR<br>2701<br>MIAMI, FL 33131  |   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>901 BRICKELL KEY BLVD  |   | 3. Mailing Address<br>901 BRICKELL KEY BLVD.   |   |   |  |
| Suite, Apt. #, etc.<br>604   |   | Suite, Apt. #, etc.<br>604   |   |   |  |
| City & State<br>MIAMI, FLORIDA   |   | City & State<br>MIAMI, FLORIDA   |   |   |  |
| Zip<br>33131   | Country<br>USA  | Zip<br>33131   | Country<br>USA  | 4. FEI Number<br>20-4325072   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  | 8.75 Additional Fee Required  |   |  |
| 6. Name and Address of Current Registered Agent<br>PEREZ, COSME E<br>160 12TH AVENUE NE<br>NAPLES, FL 34120  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC<br>Street Address (P.O. Box Number is Not Acceptable)<br>520 Brickell Key Drive, Suite 0-305<br>City MIAMI FL Zip Code 33131 |   |  |
| 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.<br>SIGNATURE:  Nicholas Stanhays<br>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when reinstating) DATE 08/09/07   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HERNANDEZ-GARCIA, JOSE E<br>848 BRICKELL KEY DR<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VICE PRESIDENT<br>SORAIDA ABREV<br>901 Brickell Key Blvd. Suite 604<br>Miami, Florida 33131 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:    |   |  | Date<br>08/09/07  |   | Daytime Phone #<br>305 374 3900  |