

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000001723

1. Entity Name
ROKRAG, LTD.



FILED

2007 APR 23 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 3910 N. 56TH AVE., #103
 HOLLYWOOD, FL 33021

Mailing Address
 3910 N. 56TH AVE., #103
 HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box #
3570 NE 191st Street

Suite, Apt. #, etc.
Suite A

City & State
Aventura, Florida

Zip
33180

Country
Miami-Dade

3. Mailing Address
3570 NE 191st Street

Suite, Apt. #, etc.
Suite A

City & State
Aventura, Florida

Zip
33180

Country
Miami-Dade

03292007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0750328

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEARLMAN, PHILIP
 3910 N. 56TH AVE., #103
 HOLLYWOOD, FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

DATE

FILE NOW!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P96000070722**
 NAME **REBROM CORP.**
 STREET ADDRESS **3910 N. 56TH AVE., #103**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900101351939
05/03/07--01017--008 **500.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/17/07

305 935 0900

STAPLE CHECK HERE