

**2007 FOR PROFIT CORPORATION[^]
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P00000024316

1. Entity Name
ROK' TEK SERVICES CORP.



Principal Place of Business
**7499 WEST COUNTRY CLUB BOULEVARD
BOCA RATON, FL 33487**

Mailing Address
**7499 WEST COUNTRY CLUB BOULEVARD
BOCA RATON, FL 33487**



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0989602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARDENA, ROQUE A
7499 W CNTRY CLB BLVD
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDENA, ROQUE A 7499 WEST COUNTRY CLUB BOULEVARD BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARDENA, FERNANDO 7499 WEST COUNTRY CLUB BOULEVARD BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTIERREZ, JOSE 7499 WEST COUNTRY CLUB BOULEVARD BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARDENA, ADRIANA 7499 WEST COUNTRY CLUB BOULEVARD BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/04/07-80043-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

561-998-3239