2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000052171

1. Entity Name
ROCKWELL HOLDINGS, INC.

Principal Place of Business	Mailing Address
2950 SW 27 AVE SUITE 300 MIAMI, FL 33133	2950 SW 27 AVE SUITE 300 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

05012006   No Chg-P   CR2E034 (11/05)

4. FEI Number
51-0469455

Applied For
Not Applicable

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

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6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T
2950 SW 27 AVE
SUITE 300
MIAMI, FL 33133

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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHOMAT, GUSTAVO I
STREET ADDRESS	2950 SW 27 AVE, SUITE 300
CITY-ST-ZIP	MIAMI, FL 33133

000000559745
05/18/06-80013-003 150.00

TITLE	
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CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Gustavo Chomat_ GUSTAVO I. CHOMAT   5/1/06   (305)448-074
  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #