


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90053 017 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P04000074334</b><br>1. Entity Name<br><b>ROCKA BRAVA CORPORATION</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>1274 LAKEVIEW DR.<br/>OAKVILLE, ONTARIO, CANADA<br/>L6H 2M8, XX</b>  |  |  | Mailing Address<br><b>1274 LAKEVIEW DR.<br/>OAKVILLE, ONTARIO, CANADA<br/>L6H 2M8, XX</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>BLUMENFELD, ROBERT S<br/>2442 PROVENCE CIR.<br/>WESTON HILLS, FL 33327</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE  | PD<br><b>MCLOUGHLIN, ANTHONY P</b> <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>1274 LAKEVIEW DR.</b>   |  | NAME   |   |  |
| STREET ADDRESS   | <b>OAKVILLE, ONTARIO, CANADA L6H2M8.</b>                           |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |   |  |
| TITLE  | VD<br><b>MCLOUGHLIN, KELLY A</b> <input type="checkbox"/> Delete   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>1274 LAKEVIEW DR.</b>   |  | NAME   |   |  |
| STREET ADDRESS   | <b>OAKVILLE, ONTARIO, CA L6H2M8</b>                                |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete                                    |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |  |  | NAME   |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete                                    |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |  |  | NAME   |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete                                    |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |  |  | NAME   |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | 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 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |
| <b>SIGNATURE: Anthony P. McLaughlin</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <b>ANTHONY PATRICK MCLOUGHLIN FEB. 19, 2007</b><br><small>Date</small>   |   |  |
|  |  |  | <b>1-905-403-0888</b><br><small>Daytime Phone #</small>  |   |  |

40063010



02052007 Chg-P CR2E034 (12/06)

4. FEI Number **98-0466336** Applied For ☐ Not Applicable

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