2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132436

1. Entity Name

VERŃITA'S ROCKIN', INC.



Principal Place of Business

3545 GRAND AVENUE MIAMI, FL 33133 Mailing Address

3300 N. 29TH AVE., SUITE 102 HOLLYWOOD, FL 33020

FILED Feb 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

l	02092007	No Chg-P	CR2E034 (11/05)			
ŀ	4. FEI Numbe	 r		Applied For		
l	20-1654	1501		Not Applicable		
ſ	5. Certificate	of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

HACKER, GARY 3300 N. 29TH AVE., SUITE 102 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	Annicable (NOTE: Decision	rd Agent eiggebur	: required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	PSD SAWYER, VERNITA D 3300 N. 29TH AVE., SUITE 102 HOLLYWOOD, FL 33020	·			1100000010070
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000640670 02/28/07-80075-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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, and all otion-like empowered.

SI	GN	ΙΔΊ	CI I	P	F.
- 3				м	

NAME STREET ADDRESS CITY - ST- ZIP

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

VERNITA D SAWYER, PRES. 2/12/

<u>/07 (954)922-2207</u>

Daytime Phone #