

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90017 006 \*\*\*150.00

**DOCUMENT # P05000010790**

1. Entity Name

ROCKEFELLER INVESTMENT CO.



Principal Place of Business

107 S. ROYAL POINCIANA BLVD  
MIAMI SPRINGS FL 33166  
US

Mailing Address

107 S. ROYAL POINCIANA BLVD  
MIAMI SPRINGS FL 33166  
US



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

4. FEI Number

65-1242495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HERNANDEZ, DAGOBERTO J  
8400 N.W. 185TH ST.  
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name Hernandez, Dagoberto J  
Street Address (P.O. Box Number is Not Acceptable)  
107 S. Royal Poinciana Blvd.  
City Miami Springs FL Zip Code 33166

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME HERNANDEZ, DAGOBERTO J  
STREET ADDRESS 107 S. ROYAL POINCIANA BLVD  
CITY- ST- ZIP MIAMI SPRINGS FL 33166

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY- ST- ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY- ST- ZIP

TITLE  ☐ Change ☐ Addition  
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STREET ADDRESS   
CITY- ST- ZIP

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #