

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90021 035 ***150.00

DOCUMENT # P05000069569

1. Entity Name
ROCKER 'S PAINTING CORP



Principal Place of Business
6923 SW 19ST
NORTHLAUDERDALE, FL 33068

Mailing Address
6923 SW 19ST
NORTHLAUDERDALE, FL 33068

40039355



03152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
171 SW 78th Ave
Suite, Apt. #, etc.
#

3. Mailing Address
171 SW 178th Ave
Suite, Apt. #, etc.

City & State
MARGATE, FL
Zip
33068
Country

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MARGATE, FL
Zip
33068
Country

4. FEI Number
34-2047370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BARRALAGA, ROQUE F
6923 SW 19ST
NORTHLAUDERDALE, FL 33068

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	P	<input type="checkbox"/> Delete
NAME	BARRALAGA, ROQUE F	
STREET ADDRESS	6923 SW 19ST	
CITY-ST-ZIP	NORTHLAUDERDALE, FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARRALAGA, BAYRON L	
STREET ADDRESS	6923 SW 19ST	
CITY-ST-ZIP	NORTHLAUDERDALE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRALAGA, ROQUE	
STREET ADDRESS	171 SW 78th Ave	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRALAGA, BAYRON	
STREET ADDRESS	171 SW 78th Ave	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #