


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90039 008 ***150.00

DOCUMENT # P05000084486

1. Entity Name
ROCHETS CORP.



Principal Place of Business
**630 SE 3RD PLACE
 HIALEAH, FL 33010**

Mailing Address
**630 SE 3RD PLACE
 HIALEAH, FL 33010**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



08082006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2987541

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

6. Name and Address of Current Registered Agent
**ROCHE, HERLYS J
 630 SE 3RD PLACE
 HIALEAH, FL 33010**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROCHE, HERLYS J	
STREET ADDRESS	630 SE 3RD PLACE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROCHE, HERLYS J	
STREET ADDRESS	630 SE 3RD PLACE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	ROCHE, HERLYS J	
STREET ADDRESS	630 SE 3RD PLACE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	SECR	<input type="checkbox"/> Delete
NAME	ROCHE, HERLYS J	
STREET ADDRESS	630 SE 3RD PLACE	
CITY-ST-ZIP	HIALEAH, FL 33010	
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		<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		
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:  **HERLYS J. ROCHE** 08-18-06 (305) 562-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #