


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90043 038 \*\*\*150.00

<b>DOCUMENT # P05000117507</b>			
1. Entity Name <b>ROCKET MAN FLORIDA INVESTMENTS CORPORATION</b>			
Principal Place of Business 420 LINCOLN RD SUITE 357 MIAMI BEACH, FL 33139		Mailing Address C/O PAUL GARCIA CPA -1550 MADRUGA AVENUE SUITE #240 CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # <i>1550 Madruga Avenue</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>240</i>		Suite, Apt. #, etc.	
City & State <i>Coral Gables, FL</i>		City & State	
Zip <i>33146</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD SUITE 1500 (JCD) MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GARCIA, PAUL 1550 MADRUGA AVE, SUITE 240 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: <i>1/3/08</i> Daytime Phone #: <i>305-662-7313</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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01032008 Chg-P CR2E034 (12/06)

4. FEI Number **20-3766149** Applied For  Not Applicable

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