## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## **FILED** May 16, 2008 08:00 AN Secretary of State **DOCUMENT # P06000012927** 1. Entity Name SOONROCK, INC. Principal Place of Business Mailing Address 920 N. 68TH TERRACE 920 N. 68TH TERRACE B-15 B-15 HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 05122008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4221519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCA, JORGE L DO NOT WRITE 920 N. 68TH TERRACE B-15 IN THIS SPACE HOLLYWOOD, FL 33024 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) FILE NOW!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS **PVTS** TITLE ROCA, JORGE L NAME STREET ADDRESS 920 N. 68TH TERRACE, B-15 HOLLYWOOD, FL. 33024 U00000951411 CITY-ST-ZIP 06/04/08-80033-007 150.00 TITLE ROCA, JORGE L NAME STREET ADDRESS 920 N. 68TH TERRACE, B-15 CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 operation of the receiver operation or the receiver operation of the receiver operation or the receiver operation of the receiver operation or the receiver operat changed, or on an attachment with n addres s, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR