

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047449

Entity Name: ROCAV'S INVESTMENT INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

5845 COLLINS AVE  
#203  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5845 COLLINS AVE  
#203  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-5289849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IBARRA, MAYDA  
5845 COLLINS AVE  
#203  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IBARRA, MAYDA  
Address: 5845 COLLINS AVE #203  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete  
Name: IBARRA, ROBERTO  
Address: 5845 COLLINS AVE #203  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD ( ) Delete  
Name: IBARRA, CARLOS  
Address: 5845 COLLINS AVE #203  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYDA IBARRA

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date