2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2008-90177-041-$150.00-$150.00

FILED
08 JUN 13 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000109486

1. Entity Name
RCK 36 INC.

Principal Place of Business	Mailing Address
8615 SW 48 ST	8615 SW 48 ST
MIAMI, FL 33155	MIAMI, FL 33155

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 37-1568258 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

METSCH, LAWRENCE
20801 BISCAYNE BLVD.
#307
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: Franklin D. Kreutzer
Street Address (P.O. Box Number is Not Acceptable): 504 NW 7 St
City: Miami FL Zip Code: 33125

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: Franklin D. Kreutzer
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KREUTZER, RENEE C	NAME	
STREET ADDRESS	8615 SW 48 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	President ☐ Change ☒ Addition
NAME	M 6/13	NAME	Judith Kreutzer
STREET ADDRESS		STREET ADDRESS	8615 SW 48 St
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33155
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: J Kreutzer 4/29/08 (305) 226-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #