


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P96000026746	
1. Entity Name ROCHGATE HOLDINGS, INC.	

Principal Place of Business 2875 NE 191ST STREET STE 404 NO MIAMI BEACH, FL 33180	Mailing Address 2875 NE 191ST STREET STE 404 NO MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0664756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REINHARD, SANFORD N 2875 NE 191ST STREET STE 404 NO MIAMI BEACH, FL 33180
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDLIST, FAY 12 GOLDFINCH CRT WILLOWDALE, ONTARIO, m2r2c4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FRYDRYCH, ROCHELLE 12 GOLDFINCH CRT WILLOWDALE, ONTARIO, m2r2c4
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/08-80110-004 150.00

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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: <i>R Frydrych</i> <i>Rochelle Frydrych</i>	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		