## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 20, 2006 08:00 AM DOCUMENT # P96000079375 **Secretary of State ROKAM CORPORATION** Principal Place of Business Mailing Address 10767 SW 104 ST MIAMI, FL 33176 10767 SW 104 ST MIAMI, FL 33176 บร 03012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0749261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SOICHER, OSCAR DO NOT WRITE 10767 SW 104 ST MIAMI, FL 33176 IN THIS SPACE 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 Fiorida. (am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of region and agent and the Kappileable. PIOTE: Registered Agent signature required when reinstatings OATE \$5.00 May Be 9. Dection Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD SOICHER, OSCAR NAME STREET ADDRESS 10767 SW 104 ST CITY ST ZIP MIAMI, FL 33176 H000004?2790 HAME STREET ADDRESS 03/30/06-80008-001 150,00 CITY ST-ZIP DITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE SMAN STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDITIESS CITY ST ZIP TITLE MANU STREET ADDRESS CITY-ST-ZIP polled with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fat 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 usage when the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it address, with all other like empowered. 12. I hereby certify indicated on 1