2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

ANNOAL ILLI OILI							
DOCUMENT # P98000063205 1. Entity Name ROCHGATE, INC.							
Mailing Address							
2875 N.E. 191ST STREET Suite 404 Aventura, FL 33180							
	Mailing Address 2875 N.E. 191ST STREET SUITE 404						



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DO NOT WRITE IN THE COLOR			~ =	01042007 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPA		CE	4. FEI Numb 65-085	=	Applied For Not Applicable		
					of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent			Ang. A	Ped Nadanea	
2875 N.E. SUITE 404	D. SANFORD N 191ST STREET 4 RA, FL 33180		#	 12.00 (2000) 	NOT WRIT	1. 1. 2 Vinta 20 1	
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 obligat	tions of registered agent.						
SIGNATURE	Signature, typoid or printing name of registered agent and life	il applicable (NOTE: Registere	d Agent signature raq	uired when reinstating)	DAT	E	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	I		• • •		
NAMI STREET ADORESS OUT SE-ZIP	PS GOLDLIST, FAY 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4					S88648	
MAME STRULT ADDRESS CITY+ST-ZIP	VPT FRYDRYCH, ROCHELLE 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4				U000008 04/11/07-€	30003-020 150.00	
1911 NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRIT	TE.	
NILL NAME STREET ADDRESS CHY-SE ZIP					THIS SPAC		
NAMI STRULLADDRESS CITY-ST-ZIP			**************************************	\.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby o	certify that the information supplied with this fi	ling does not qualify for the exe	emptions contain	ned in Chapter 11!	9, Florida Statutes I further	certify that the information	

12. Incredy certify that the information supplied with this filling does not quality 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 anofficer 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: RETURNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED PLANE OF SIGNATURE AND TYPED OR PRINTED PLANE OF SIGNATURE AND TYPED OR PRINTED PLANE OF SIGNATURE OR DIRECTOR DATE OF DATE OF DIRECTOR DATE OF DATE O