2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000070184

1. Entity Name
THE ROCKET REPAIR, INC.

FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

29811 SW 149TH AVE. LEISURE CITY, FL 33033 29811 SW 149TH AVE. Leisure City, FL 33033



04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0936556 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, INC. 13935 NW 1ST AVE MIAMI, FL 33168

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				IN	I HIS SPACE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	i Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, ISMAEL 29811 SW 149TH AVE. LEISURE CITY, FL 33033				Uooooozoekoo
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000726432 05/04/07-80007-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address City-St-Zip					
12. I hereby of indicated	pertify that the information supplied with this fit on this report or supplemental report is true a	iling does not qualify for the exe	mptions co	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information ct as if made under path; that I am an officer or director

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.2007

205-7-581136

Daytime Phone #