2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S36921 1. Entity Name



Principal Place of Business

ROCHAL INDUSTRIES, INC.

740 NW 6TH STREET BOCA RATON, FL 33486 Mailing Address

740 NW 6TH STREET BOCA RATON, FL 33486

FILED Feb 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3067312 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAMONE, ANN B. 740 NW 6TH STREET BOCA RATON, FL 33486

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8. T	he 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
th	ne obligations of registered agent.	

SIGNATURE.

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, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE SALAMONE, ANN B. NAME STREET ADDRESS 740 NW 6TH ST CITY-ST-ZIP BOCA RATON, FL 33486 TITLE SALAMONE, JOSEPH C. NAME STREET ADDRESS 740 NW 6TH ST CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME ISRAEL, SONJA F. STREET ADDRESS 615 BAYSHORE DRIVE, UNIT 601 CITY-ST-ZIP FT. LAUDERDALE, FL 33304 TITLE NAME SASSANO, CARL STREET ADDRESS **42 SUNRISE PARK** CITY-ST-ZIP PITTSFORD, NY 14534 TITLE NAME STEPHENS, MARCELLA A STREET ADDRESS 9681 PINE TRAIL COURT CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS

U00000619664 02/09/07-80006-016 150.00

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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:

SCHATURE AND TYPED OR PRINTED NAME OF SKINNIG OFFICER OR DIRECTOR

Feb 3,2007

Daytime Phone #