


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000046555 1. Entity Name ROSCOR, INC.	
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Principal Place of Business 7520 S.W. 92ND COURT MIAMI FL 33173	Mailing Address 7520 S.W. 92ND COURT MIAMI FL 33173
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ROS, FIDEL 7520 S.W. 92ND COURT MIAMI FL 33173	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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B. 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 _____ DATE 2/26/04
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 PD ROS, FIDEL	<input type="checkbox"/> Delete
STREET ADDRESS 7520 S.W. 92ND COURT	
CITY - ST - ZIP MIAMI FL 33173	
TITLE NAME _____	<input type="checkbox"/> Delete
STREET ADDRESS _____	
CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete
STREET ADDRESS _____	
CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete
STREET ADDRESS _____	
CITY - ST - ZIP _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	
CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	
CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	
CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	
CITY - ST - ZIP _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE 2/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR