2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address

SIGNATURE AND TYPE

SIGNATURE: _

Aug 01, 2007 08:00 AM Secretary of State DOCUMENT # P0000046555 1. Entity Name ROSCOR, INC. Principal Place of Business Mailing Address 7520 S.W. 92ND COURT MIAMI FL 33173 7520 S.W. 92ND COURT MIAMI FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FE! Number City & State City & State Applied For 65-1042564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROS, FIDEL Street Address (P.O. Box Number is Not Acceptable) 7520 S.W. 92ND COURT **MIAMI FL 33173** Zip Code 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 14 the obligations of registered agent SIGNATURE Signature, typed or printed name of registured agent and little if applicable (NOTI), Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ■ Addition lilte ☐ Delete THE NAME ROS, FIDEL NAME 000000771021 STREET ADDRESS 7520 S.W. 92ND COURT STREET ADDRESS 08/01/07-80001-017 150.00 MIAMI FL 33173 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZJP ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition [TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee expension. filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information strug and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director cywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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