## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT													
DOCUMENT # P02000062332								FILED					
ROSSLAND USA, INC.								. /		SEP			
Principal Place of Business Mailing Address								XX	ン 学	CRETA LAHAS	KELL	SIATI	<u>-</u>
848 BRICKELL AVENUE 848 BRICKELL AVENUE								M	TAL	LAHAS	SSEE, F	FLORIC	lΑ
STE 700 STE 700													
MIAMI, FL 33131				MIAMI, FL 33131				·					
2. Principal Place of Business				3. Mailing Address					and the second				
Suite, Apt. #, etc.			٠.	Suite, Apt. #, etc.				08202004	Chg-F	<b>)</b> .	CR2E03	<u> </u>	711
City & State				City & State  Zip Count			01-0749362 Not App			oplied For ot Applicable			
Zip	Country  6. Name and Address of Current			•	Coun	itry		5. Certificate of Status Desired  Fee Requi			ee Require		
•	o. Ivame	and Address of Current	Hegiste	red Agent		Name		7. Name and	Address o	1 New Reg	istered Ag	jent.	. ~,
MURAI, WALD BIONDO & MORENO, P.A. 25 S.E. 2ND AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
900 INGRHAM MIAMI, FL 33131													
							y FL Zip Code					le	
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 obligations of registered agent.													
SIGNATURE													
										<del> </del>			
Amended AR is \$61.25  9. Election Campain Trust Fund Contr						ncing		00 May Be ed to Fees				•	
10.		OFFICERS AND	DIRECT	ORS	11.			ADDITIONS.	CHANGES	TO OFFICE	ERS AND D	DIRECTOR	S IN 11
TITLE	Р			🚨 Delete	TITLE	E						☐ Change	
NAME	MURAI, RENE V				NAME			51	ירורור	419	1	·	
STREET ADDRESS CITY-ST-ZIP	848 BRIC MIAMI, FL	KELL AVE STE 700 . 33131		L.		ET ADDRESS -ST-ZIP		500041317725 09/24/0401027011 **61.25					
TITLE	D			☐ Delete	TITLE	E	D,	VP and S id, Jose	Sec.			🔀 Change	Addition
NAME	ARDID, JOSE											_	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS 848 Brickell Ave., Suite 700  -ST-ZIP Miami, F1. 33131							
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CITY-S1-ZIP		,				-ST-ZIP	848 <b>Mi</b> ai	Brickel	1. Ave. 33131	, Sui	te 70	0	
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NAME				•	NAM		Ard	id; Dieg	, 1				
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NAME STREET ADDRESS					MAM	. 1							ĺ
CITY-ST-ZIP	Ì			-		ET ADDRESS -ST-ZIP					,		
12. I hereby of indicated of the cor.	CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). 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 tustee 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.												

NAME OF SIGNING OFFICER OR DIRECTOR