## Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90639 013 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000112293  1. Entity Name ROSSIGNOL PROPERTY GROUP, INC.									
Principal Place 510 PARK ST ST PETERSBU		Mailing Address 510 PARK ST N ST PETERSBURG, FL			14001888				
	ace of Business ue du X Septembr	3. Mailing Address	les H. Fis	sher.					
Suite, Apt.		Suite Apl. # etc. 4950 W. Kennedy Blvd.,			 3921004 Chg-	P CF	12E034 (10/03)		
L-2550 Luxembourg		City & State Tampa, FL			El Number 51-0431443		· <del></del>	plied For t Applicable	
Zíp	Country	<sup>Zip</sup> 33609	Country USA	<u>L</u>	Certificate of Status D		\$8.75 Add Fee Require		
510 PARK	6. Name and Address of Current I OL, JEAN F ST N SBURG, FL 33710	Registered Agent	Skeat Ac 200	Corp.	lame and Address of local Number is Not Address of Street.				
the obligati	named entity submits this statement for	r the purpose of changing it	s registered office or		ent, or both, in the St	tate of Florida.			
SIGNATURE_	By: Signature, typed or printed rume of registered agent a	and title Mapsicable. (NO	Raj		J. Wolf∈		Pres. 4	17/04	
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.0	9. Election Camp Trust Fund Cor		\$5.00 N Added to	flay Be Fees			· · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND		11.		DITIONS/CHANGES	TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	D ROSSIGNOL, JEAN F 510 PARK ST N ST PETERSBURG, FL 33710	XI Dakele	TITLE NAME SIREET ADDRESS GITY-ST-ZIP	38 Av	, Guy enue du 1 O Luxembo		□ Change mbre	<b>XX</b> ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY: ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ACORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Additton	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	h	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
12. Thereby	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an attaches	true and accurate and the	Fmy signature shall hert as required by Chard.	ave the same apter 607, Flor	legal effect as if mad ida Statutes; and tha Ap	te under oath; it it my name app rill 2nd,	hat I am en officer ears in Block 10 o	or director r Block 11 if	
SIGNAT	URE:	<b>X</b>		te, Di	rector 20	04_0	1135244	494025 	
	SIGNATURE AND TYPED ON	PRINTED NAME OF SIGNING OFFICE	IN UR DIRECTOR		Dete		Daytime Phone #		