## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

ANNOAL REPORT					Secretary of State			
DOCUMENT # P07000007139  1. Entily Name ROESDA CORP						04-14-2008	90037 024 ***1	50.00
Principal Place of Business 14261 SW 167 TERRACE MIAMI, FL 33177		Mailing Address 14261 SW 167 TERRACE MIAMI, FL 33177					400674	03
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			03012008	Chg-P	CR2E034 (12/0	6)
City & State		City & State			4. FEI Numbe		2	Applied For Not Applicable
Zip	Country	Zip	Country			of Status Desired	\$8.75 / Fee Regu	Additional
-	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New F	<del></del>	
HERNAND 14261 SW MIAMI, FL	Street A		s da	Corporation of the Corporation o	<b>P</b> e)			
signature_	named entity submits this statement for ions of registered agent.  Eigneture fined or priging name of registered agent of the control of the	and tried displicable. (NOTE  9. Election Campaig	Registered Agent signari	ure required				
10.	OFFICERS AND		111.			CHANCES TO OF	SICERC AND DIRECT	200 111 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, RODOLFO J 14261 SW 167 TERRACE MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTO	
117LE Name Street address City-S1-ZIP	VP HERNANDEZ, NIEVES-MARIA 14261 SW 167 TERRACE MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Ctang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🗌 Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/08

Daytme Phone #