42007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| DOCUMENT # 462852 1. Entity Name ROSSI INTERNATIONAL, INC. | | | | | | |
|---|---|--|--|--|--|--|
| Principal Ptace of Business 8312 N.W. 30TH TERRACE MIAMI, FL 33122 US | Mailing Address 8312 N.W. 30TH TERRACE MIAMI, FL 33122 US | | | | | |



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 4. | FEI Number | Applied For |
|----|------------|----------------|
| | 59-1693278 | Not Applicable |
| | | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HERSHOFF, JAY 90130 OLD HIGHWAY TAVERNIER, FL 33070

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

01172007

| | | Į | | | | | |
|--|---|------|------|--------------------------------|---|--|--|
| 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 | | | | | | | |
| Signature. typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstalling) DATE | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOGLES, ANDREW 8025 S.W. 158 TERRACE MIAMI, FL 33157 | | | | U00000684784 04/06/07-80046-023 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BOGLE, DAWN 8025 S.W. 158 TERRACE MIAMI, FL 33157 | | | | 0 % 00% 0 1 COO 10 OLG 100% 00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MATALON, PAUL 19550 S.W. 216 STREET MIAMI, FL 33170 | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| 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 flisted 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. | | | | | | | |