


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90308 016 \*\*\*150.00

<b>DOCUMENT # 560306</b> 1. Entity Name <b>ROGERBESU,P.A.</b>																													
Principal Place of Business 1925 BRICKELL AVE #D-206 MIAMI, FL 33129 US			Mailing Address 1925 BRICKELL AVE #D-206 MIAMI, FL 33129 US																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>BESU,ROGER</b> <b>1925BRICKELLAVE#D-206</b> <b>MIAMI,FL33129</b>				7. Name and Address of New Registered Agent Name <b>Miami Corporate Registry</b> Street Address (P.O. Box Number is Not Acceptable) <b>1925 BRICKELL AVE D206</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33129</b>																									
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 <i>[Signature]</i> <b>Miami Corporate Registry</b> <span style="float: right;">4-27-04</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BESU,ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1925BRICKELLAVE#D-206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI,FL33129</td> <td></td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	BESU,ROGER		STREET ADDRESS	1925BRICKELLAVE#D-206		CITY-ST-ZIP	MIAMI,FL33129		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 I am empowered.																													
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/27/04</b> Daytime Phone # <b>305-854-6363</b>																									