

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # F00000000355**

1. Entity Name

LA ROUND ROCK CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 PM 5:19

Principal Place of Business

C/O JAY FELNER  
4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445

Mailing Address

C/O JAY FELNER  
4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4341904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY  
4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME WAGNER, NATHAN  
STREET ADDRESS 600 CENTRAL AVE., SUITE 365  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE VD ☐ Delete  
NAME SCHWARTZBERG, ALBERT  
STREET ADDRESS ~~50 MAIN STREET, SUITE 405~~  
CITY-ST-ZIP WHITE PLAINS NY ~~40606~~

TITLE S DV ☐ Delete  
NAME GOLDMAN, ROBERT U  
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE VD ☐ Delete  
NAME FELNER, JAY  
STREET ADDRESS 4182 LIVE OAK BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Delete  
NAME WAXMAN, CHARLES  
STREET ADDRESS 1695 LAKE COOK ROAD, APT. 229  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **300032759658**  
CITY-ST-ZIP **04/14/04--01061--003 \*\*150.00**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **44 South Broadway, Suite 614**  
CITY-ST-ZIP **10601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

*Robert U. Goldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert U. Goldman

3/22/2004

(847) 432-3666

Date

Daytime Phone #

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