


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000003168 1. Entity Name EROOMSYSTEM TECHNOLOGIES, INC.	
---	---

Principal Place of Business 1072 MADISON AVENUE LAKEWOOD, NJ 08701	Mailing Address 1072 MADISON AVENUE LAKEWOOD, NJ 08701
--	--

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 87-0540713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GESTETNER, DAVID S 1072 MADISON AVENUE LAKEWOOD, NJ 06701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDT, HERBERT 1072 MADISON AVE LAKEWOOD, NJ 06701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAS, JAMES 1072 MADISON AVE LAKEWOOD, NJ 06701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIN, LAWRENCE K 1072 MADISON AVE LAKEWOOD, NJ 06701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000370986
07/06/05-80004-017 150.00

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: X P car David Gestetner X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #