Applied For

\$8.75 Additional

Fee Required

Not Applicable

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006039

1. Entity Name

33154

SIGNATURE

E-ROSH CORP.



## DO NOT WRITE IN THIS SPACE

	But the state of the state of	CONTRACTOR OF THE SECOND	A Committee of the Comm	
2. Principal Place of Business		3. Mailing Address		
1111 Kane Concourse		1111 Kane Concourse		
Suite, Apt. #, etc.		Suite, Apr. #, etc.		
Suite 411		Suite 411		
City & State		City & State		
Bay Harbor Is., Florida		Bay Harbor Is., Florida		
Zip	Country	Zip	Country	

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and tipe if applicable.

FILED

03 MAR -3 AM 8: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**000014095980** 03/14/03--01093--004 \*\*158.75

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DATE

S.	· • • • • • • • • • • • • • • • • • • •					
3,1	7. Name and Address of Current Registered Agent					
ش د	Name Corporation Service Company					
	Street Address (P.O. Box Number Is Not Acceptable)					
	1201 Hays Street					
	City Tallahassee FL Zip Code 32301-2525					

65-1049379

4. FEI Number

5. Certificate of Status Desired

Million And Landers of Lincoln Line 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.

(NOTE: Registered Agent signature required when reinstating)

January 1: May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State			Election Campaign Financing     Trust Fund Contribution.      Added to Fees
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CTY-ST-ZP	P/CEO/S Serfati, Jacob 1111 Kane Concourse, Suite 411 Bay Harbor Is., Fl. 33154	STRUET ADDRESS CTTY-ST-ZIP	-E00012346346-
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Benarroch, Aquiba 21205 Yacht Club Dr., Apt. 2904 Aventura, Fl.	STREET ADDRESS . CITY-ST-DP	
TITLE NAME STREET ADDRESS CTY-ST-ZIP		NAME STREET ADDRESS CITY-ST-DR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE:  NAME  STREET ADDRESS  OTY-ST-ZP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		NINE NAME STREET ADDRESS CITY ST-ZP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE FIANGE STREET AUDHESS CTY-SI-279	

12. Thereby certify that the information supplied with this filling 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 received or truesee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an of the corporation or the received attachment with an address, with

SIGNATURE:

Jacob Serfati AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

02/26/03

305-8669797

Date

Dayarre Phone #





ACCOUNT NO. : 072100000032

REFERENCE : 951065 7368612

AUTHORIZATION :

COST LIMIT : \$ PREPAID \$ 150

ORDER DATE: March 3, 2003

ORDER TIME : 3:34 PM

ORDER NO. : 951065-005

CUSTOMER NO: 7368612

CUSTOMER: Brunella Bellemo

E-rosh Corp.

Suite 411

1111 Kane Concourse Bay Harbor, FL 33154

## ANNUAL REPORT FILING

NAME: E-ROSH CORP

XX \_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

OLVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLANASSER, FLORIDA

EXAMINER'S INITIALS Hd E- WW.Co

RECEIVED