

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1092

**FILED**

03 MAR -3 AM 8:45


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F00000006039

1. Entity Name  
E-ROSH CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1111 Kane Concourse</b> Suite, Apt. #, etc. <b>Suite 411</b> City & State <b>Bay Harbor Is., Florida</b> Zip <b>33154</b>		3. Mailing Address <b>1111 Kane Concourse</b> Suite, Apt. #, etc. <b>Suite 411</b> City & State <b>Bay Harbor Is., Florida</b> Zip <b>33154</b> Country <b>U.S.</b>	
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4. FEI Number <b>65-1049379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Corporation Service Company**

Street Address (P.O. Box Number Is Not Acceptable)  
**1201 Hays Street**

City  
**Tallahassee** **FL** Zip Code  
**32301-2525**

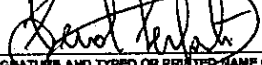
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/S Serfati, Jacob 1111 Kane Concourse, Suite 411 Bay Harbor Is., Fl. 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>000013346345</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benarroch, Aquiba 21205 Yacht Club Dr., Apt. 2904 Aventura, Fl.	TITLE 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 on an attachment with an address, with an official like employment.

**SIGNATURE:**  **Jacob Serfati** 02/26/03 305-8669797

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

CRZED34B (12/02)

