

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90487 049 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F71388 1. Entity Name ROTH OFFICE SUPPLY, INC.					
Principal Place of Business 2699 STIRLING RD BLD C. #404 FORT LAUDERDALE, FL 33312 US			Mailing Address 2699 STIRLING RD BLD C. #404 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2170664	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROTH, SAM 1880 S OCEAN DR HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name DUKE ROTH Street Address (P.O. Box Number is Not Acceptable) 2966 STIRLING RD BLDG C #404 2699 City FT. LAUDERDALE FL Zip Code 33312	
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 <u>DL RN</u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, DUKE 449 GOLDEN BCH. DR. GOLDEN BCH, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTH, SAM 1880 S. OCEAN DR. HALLANDALE, FL 33009	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
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: <u>DL RN</u> 4/29/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					