

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90005 026 ***163.75

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1. Entity Name
ROSS MANUFACTURING CORPORATION



Principal Place of Business
4100 N. POWERLINE ROAD
STE. D-3
POMPANO BEACH, FL 33073

Mailing Address
4100 N. POWERLINE ROAD
STE. D-3
POMPANO BEACH, FL 33073

40107625



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0064658

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ARONSON, ROBERT R
4100 N. POWERLINE ROAD, STE. D-3
POMPANO BEACH, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ARONSON, R DOUGLAS
4100 N. POWERLINE ROAD, STE. D-3
POMPANO BEACH, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 R. Aronson **ROBERT R. ARONSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2008

Day

954 969 7755

Daytime Phone #