


2004 FOR PROFIT CORPORATION ANNUAL REPORT

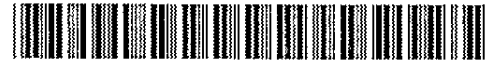
FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001079
 1. Entity Name
 ROGER VERGE, INC.



Principal Place of Business C/O JOEL POPKIN & COMPANY, P.C. 1430 BROADWAY NEW YORK, NY 10018	Mailing Address C/O JOEL POPKIN & COMPANY, P.C. 1430 BROADWAY NEW YORK, NY 10018
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3194803	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 WILSON, SAM
 % EPCOT CENTER, FRENCH PAVILLION
 1830 AVENUE OF THE STARS
 BAY LAKE, FL 32830

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PCD VERGE, ROGER RESTAURANT DU MOULIN DE MOUGINS ALPES MARITIMES FRANCE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COBLENCE, ALAIN 415 MADISON AVENUE 17TH FL NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TUMPOWSKY, ROY S 1430 BROADWAY NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/12/04-80026-006 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy S. Tumpowsky 1/7/04 212.575.7803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROY S. TUMPOWSKY