

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06648

Entity Name: ROSSI'S, INC.

FILED
Mar 26, 2004
Secretary of State

Current Principal Place of Business:

% HENRY ROSSI
5919 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 328094605

New Principal Place of Business:

Current Mailing Address:

% HENRY ROSSI
5919 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 328094605

New Mailing Address:

FEI Number: 59-2247924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSI, HENRY
5919 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSSI, HENRY,
Address: 5300 S. ATLANTIC AVE. #1602
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: ROSSI, NINA L.,
Address: 5300 S. ATLANTIC AVE. #1602
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VT () Delete
Name: ROSSI, RONALD, A,
Address: 4100 TERIWOOD AVENUE
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: ROSSI, WILLIAM
Address: 3325 LAKE ANDERSON AVE.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD ROSSI

VT

03/26/2004

Electronic Signature of Signing Officer or Director

_____ Date