2005 FOR PROFIT CORPORATION

2005 08:00 AM

ANNUAL REPORT					red 10, 2005 08:00 A			
DOCUMENT # I 1. Entity Name GROSSMAN AND RO					Se	cretary of State		
Principal Place of Business % NEAL A. ROTH 2665 SOUTH BAYSHORE DRIN MIAMI, FL 33133-5401	<u>'E</u> .	Aailing Address % NEAL A. ROTH 2665 SOUTH BAYSHORE DRIV MIAMI, FL 33133-5401	Ε					
DO NOT		N THIS SPA	CE	01262005 4. FEI Numbe 59-256	No Chg-P	CR2E034 (10/03) Applied For Not Applicable		
			,	5, Certificate	of Status Desired	S8.75 Additional Fee Required		
ROTH, NEAL A. 2665 SOUTH BAYSHOR MIAMI, FL 33133	Address of Current Regi	stered Agent	DO NOT WRITE IN THIS SPACE					
The above named entity sub the obligations of registered	mits this statement for the agent.	purpose of changing its registere	ed office or register	red agent, or bot	h, in the State of Flo	orida I am familiar with, and accept		
SIGNATURESignature, typed or print	od name of registered agent and little	s if applicable. (NOTE Registere	d Agent signature required	i when reinstating)		DATE		
FILE NOW!!! FER After May 1, 2005 Fe	IS \$150.00	Election Campaign Finar Trust Fund Contribution.	cing _ \$5	.00 May Be ed to Fees		0232118 -80060-006 150.00		
10.	OFFICERS AND DIRE	CTORS			7	* At		
TITLL PD NAME ROTH, NEAL A STREET ADDRESS 2665 SOUTH E CITY-ST-ZIP MIAMI, FL	A. BAYSHORE DR							
TITLE VP NAME GROSSMAN, STREET ADDRESS 2665 SOUTH E CITY-ST-ZIP MIAMI, FL	STUART Z. BAYSHORE DR							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			40 • • • • • • • • • • • • • • • • • • •	* ** :: :: :: :: : : : : : : : : : : :	NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SY-ZIP						<u> </u>		

12. I hereby certify that the information supplied with this filling 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 triat 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/05 (305) 442-8666 Date Destrue Phone #