## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K02314

1. Entity Name ROSCIOLI INTERNATIONAL, INC.



FILED Apr 29, 2008 08:00 AM Secretary of State

Principal Place of Business

3201 STATE RD 84 FT LAUDERDALE, FL 33312 Mailing Address

3201 STATE RD 84 FT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied ble

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSCIOLI, SHARON 3201 STATE ROAD 84 FORT LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

8 The above	named entity submits this statement for the o	surpose of changing its regis	stered office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
	tions of registered agent.	on poor or or unique grant agric			
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE Reg	stered Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSCIOLI, ROBERT A. 3201 STATE ROAD 84 FORT LAUDERDALE, FL				U00000931660 05/22/08-80024-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSCIOLI, SHARON 3201 STATE ROAD 84 FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
THLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE					1

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:

STREET ADDRESS CITY-ST-ZIP

> SDAIN R OR DIRECTOR

<u>on Roscioli</u>

<u>04/28/0</u>

(954) 581-9200

Daytime Phone #