

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K81341 |  |
| 1. Entity Name ROGER GROSSMAN, CORP. | |

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|---|---|
| Principal Place of Business 1565 BRIDGEWOOD DR BOCA RATON FL 33434-4133 | Mailing Address 1565 BRIDGEWOOD DR BOCA RATON FL 33434-4133 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



1st MOORE CR2E034 (10/04)

| | |
|------------------------------------|--|
| 4. FEI Number 13-2576345 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent |
| GROSSMAN, JEAN 1565 BRIDGEWOOD DR BOCA RATON FL 33434-4133 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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 |
|-----------|------|

FILE NOW!! FEE IS \$180.00
After May 1, 2005 Fee Will Be \$350.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GROSSMAN, JEAN 1565 BRIDGEWOOD DR BOCA RATON FL 33434-4133 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| U00000248850 03/02/05-80042-024 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  | 2-20-05 | 561 470 7991 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |