

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01062

1. Entity Name
ROLEC ENCLOSURES USA, INC.



Principal Place of Business
**%CURTIS, WARD & ASSOC, P.A.
3055 CARDINAL DRIVE SUITE 202
VERO BEACH, FL 32963**

Mailing Address
**%CURTIS, WARD & ASSOC, P.A.
3055 CARDINAL DRIVE SUITE 202
VERO BEACH, FL 32963**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0131051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, NED P.
3055 CARDINAL DRIVE
SUITE 202
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PTD
NAME	ROSE, FRIEDHELM
STREET ADDRESS	D32457 PORTAW.FALICA,MINDENER
CITY-ST-ZIP	W. GERMANY WEG 24B, OC
TITLE	V
NAME	ROSE, MATTHIAS
STREET ADDRESS	3260 RINTEIN 1, GERHART-HAUPTMANN-WEG14
CITY-ST-ZIP	WEST GERMANY.
TITLE	S
NAME	CURTIS, NED P.
STREET ADDRESS	3055 CARDINAL DR #202
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80019-008 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #