

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059581

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ROSE'S DELI, INC.

## Current Principal Place of Business:

1300 SW 130 AVE  
F403  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

1300 SW 130 AVE  
F403  
PEMBROKE PINES, FL 33027

## New Mailing Address:

FEI Number: 65-1018185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ  
% ROTH ROUSSO & BENJAMIN, P.A.  
9350 S. DIXIE HWY., PH 2  
MIAMI, FL 33156 US

## 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: TD ( ) Delete  
Name: KOGAN, RAUL  
Address: 1300 S.W. 130 AVENUE -SUITE F403  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VSD ( ) Delete  
Name: SZULKLAPER DE KOGAN, FLORA EVA  
Address: 1300 S.W. 130 AVENUE -SUITE F403  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PD ( ) Delete  
Name: SZULKLAPER, RAYMOND  
Address: 1300 S.W. 130 AVENUE -SUITE F403  
City-St-Zip: PEMBROKE PINES, FL 33027

## 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:

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: RAYMON SZULKLAPER

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04/27/2004

Electronic Signature of Signing Officer or Director

Date