

2004 FOR PROFIT CORPORATION ANNUAL REPORT

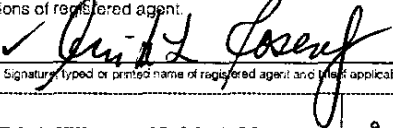
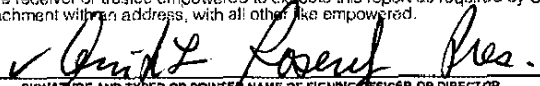
FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90075 021 ***150.00

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03022004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000105111			
1. Entity Name ROSETEC INDUSTRIES, INC.			
Principal Place of Business 9615 N CRESCENT DR BOYNTON BEACH, FL 33437		Mailing Address P O BOX 741384 BOYNTON BEACH, FL 33474-1384	
2. Principal Place of Business 6806 Passero St. Suite, Apt. #, etc.		3. Mailing Address 6806 Passero St. Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Lake Worth	
Zip 33467	Country USA	Zip 33467	Country USA
4. FEI Number 65-1054863		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSENBERG, ANITA L 9615 N CRESCENT VIEW DR BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Rosenberg, Anita L. Street Address (P.O. Box Number is Not Acceptable) 6806 Passero St. City Lake Worth FL Zip Code 33467	
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: 4/4/04 (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSENBERG, ANITA L 9615 N CRESCENT VIEW DR BOYNTON BEACH, FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rosenberg, Anita L. 6806 Passero St. Lake Worth, FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 ANITA L. Rosenberg		DATE: 4/4/04 DAYTIME PHONE #: 561-963-4376	