

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


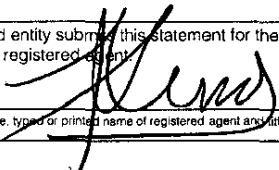
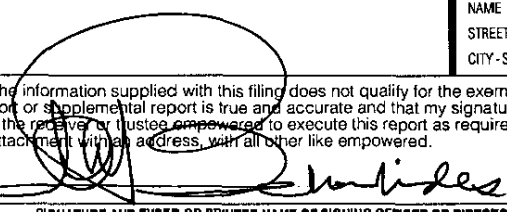
**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90697 001 \*3,758.75

**66412805**



01082004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000041480</b>		
1. Entity Name <b>ROSMAR AVIATION, INC.</b>		
Principal Place of Business <b>3121 SW 82ND CT MIAMI, FL 33155</b>		Mailing Address <b>901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134</b>
2. Principal Place of Business		3. Mailing Address <b>9350 S. DIXIE HIGHWAY</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>1500</b>
City & State		City & State <b>MIAMI, FLORIDA</b>
Zip	Country	Zip <b>33156</b> Country
4. FEI Number <b>65-1103717</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
SEGREDO, FRANK J ESQ 9350 SOUTH DIXIE HWY #1500 MIAMI, FL 33156		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP BERUVIDES, C. MARCELO <input type="checkbox"/> Delete 3121 SW 89 CT MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: 		Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #