



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90001 005 ***150.00

DOCUMENT # P01000055262 1. Entity Name ROSWELL CORP.					
Principal Place of Business 11283 S.W. 88 ST., #L-103 MIAMI, FL 33176			Mailing Address 11283 S.W. 88 ST., #L-103 MIAMI, FL 33176		
2. Principal Place of Business 11247 SW 88TH ST. Suite, Apt. #, etc. SUITE F-114 City & State MIAMI FL. Zip 33176 Country USA		3. Mailing Address 11247 SW 88TH ST. Suite, Apt. #, etc. SUITE F-114 City & State MIAMI FL. Zip 33176 Country USA			
06062005 Chg-P CR2E034 (10/03)				4. FEI Number 65-1117406	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAYMOND, ROGELIO 11283 S.W. 88 ST., #L-103 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name RAYMOND Rogelio Street Address (P.O. Box Number is Not Acceptable) 11247 S.W. 88 ST. SUITE F-114 City MIAMI FL Zip Code 33176		
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 <u><i>Rogelio Rogelio</i></u> DATE <u>6.6.05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD RAYMOND, ROGELIO <input type="checkbox"/> Delete 11283 S.W. 88 ST., #L-103 MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAYMOND Rogelio 11247 S.W. 88 ST. SUITE F114 MIAMI FL. 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, ALICIA <input type="checkbox"/> Delete 11283 S.W. 88 ST., #L-103 MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MONTGOMERY ALICIA 11247 S.W. 88TH ST. SUITE F-114 MIAMI FL. 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u><i>Rogelio Rogelio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6.6.05</u> Daytime Phone #		