


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P01000055262		
1. Entity Name ROSWELL CORP.		
Principal Place of Business 11247 SW 88TH ST SUITE F-114 MIAMI, FL 33176	Mailing Address 11247 SW 88TH ST SUITE F-114 MIAMI, FL 33176	



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAYMOND, ROGELIO 11247 SW 88 ST SUITE F-114 MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000636670 02/26/07-80031-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, ROGELIO 11247 SW 88 ST, SUITE F114 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, ALICIA 11247 SW 88 ST, SUITE F-114 MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #