


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 049 ***150.00

DOCUMENT # P01000074982 1. Entity Name ROZSART, INC.	
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Principal Place of Business 1660 NW 191ST #109 N MIAMI BEACH, FL 33179	Mailing Address 1660 NE 191ST STREET APT 109 N MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOOD, ROZSIKA 1660 NW 191ST #109 N MIAMI BEACH, FL 33179

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IN THIS SPACE**

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 <i>Rozsika Good</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>02-05-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOOD, ROZSIKA 1660 NW 191ST #109 N MIAMI BEACH, FL 33179
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IN THIS SPACE**

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: <i>Rozsika Good</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>02-05-05</i> <small>Daytime Phone #</small>