

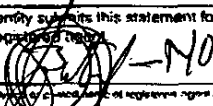
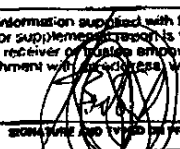
FROM :

PHONE NO. : 9546592327

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91054 002 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000016930			
1. Entity Name ROTELLI SHERIDAN, INC.			
Principal Place of Business 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180		Mailing Address 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180	
2. Principal Place of Business 9419 Sheridan ST		3. Mailing Address 9419 Sheridan ST	
City & State Cooper City-Florida		City & State Cooper City-Florida	
Zip 33024		Zip 33024	
Country U.S.A.		Country U.S.A.	
4. FEI Number 04-3601496		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARRA, HAIR 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180		7. Name and Address of New Registered Agent ROMAN-BETANCOURT 9419 Sheridan ST. Cooper City FL 33024	
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 registration.			
SIGNATURE  NO			
DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	PD PARRA, HAIR 17383 SW 19TH ST MIRAMAR, FL 33029 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P.D.-V.P. ROMAN-BETANCOURT 1190 EAST BAY DR. WESTON-FLORIDA 33024 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BETANCOURT, ROMAN 905 NANDINA DR. WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BETANCOURT, MAIGUALIDA 905 NANDINA DR. WESTON, FL 33327 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SCHAVO, GIANVANNA 905 NANDINA DR. WESTON, FL 33327 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		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)(c), Florida Statutes. I further certify that the information indicated on this report or supplement 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 as changed, or on an attachment with this filing, with all other like empowered.			
SIGNATURE:  4/27/2004 954-6082920			
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			