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

24065949

2. Principal Place of Business: 9419 Sheridan ST
Suite, Apt. #, etc.
City & State: Cooper CITY-Florida
Zip: 33024 Country: U.S.A.

3. Mailing Address: 9419 Sheridan ST
Suite, Apt. #, etc.
City & State: Cooper CITY-Florida
Zip: 33024 Country: U.S.A.

04292004 Chg-P CR2E034 (10/03)

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
Name: Roman Betancourt
Street Address (P.O. Box Number is Not Acceptable): 9419 Sheridan ST.
City: Cooper City FL Zip Code: 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 registered agent.

SIGNATURE ________ NO
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, 2004 Fee will be $550.00

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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BETANCOURT, MAIGUALIDA 905 HANDINA DR. WESTON, FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHIAVO, GIAVANNA 905 HANDINA DR. WESTON, FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ________ 4/27/2004 954-608-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #