2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 19, 2004 08:00 AM **Secretary of State DOCUMENT # P02000039167** 1. Entity Name ROS AND DAVE, INC. Principal Place of Business Mailing Address 10777 NW 41 ST 10777 NW 41 ST MIAMI, FL 33178 MIAMI, FL 33178 No Chg-P 02182004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 04-3647966 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RODRIGUEZ, DAVID DO NOT WRITE 10777 NW 418T MIAMI, FL 33178 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, 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, n TITLE RODRIGUEZ, DAVID NA LAT 10777 NW 41ST STREET ADDRESS CITY-ST-ZP MIAMI, FL 33178 D TILE U00000056756 02/19/04-80032-024 150.00 MASCIO, ROSEMARY NAME STREET ADDRESS 10777 NW 41ST CITY-ST-ZIP MIAMI, FL 33178 NAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with rall-other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HASE OF SIGNING OFFICER OR DIRECTOR

FILED