

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

04-19-2004 90258 035 ***150.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # P02000057878 1. Entity Name ROLLING PIN CRUISE, INC. | | | | | |
| Principal Place of Business 555 NORTHEAST 34TH STREET UNIT 903 MIAMI FL 33137 | | | Mailing Address 555 NORTHEAST 34TH STREET UNIT 903 MIAMI FL 33137 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number AP-PLIED FOR | | | | 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 WORGOTER, SIMON 555 NE 34 ST #903 MIAMI FL 33137 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD WORGOTER, SIMON 555 NORTHEAST 34TH STREET MIAMI FL 33137 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Simon WORGOTTER | | | 4/17/04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # 305-527-7197 | | |

Attachment

66429565

July 1, 2004

Florida Department of States
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: ROLLING PIN CRUISE, INC. CORPORATION ANNUAL REPORT
Reference Number: P02000057878

Dear Sir or Madam,

This week I have received a notice stating that you still have not received the documents requested on your notice dated April 26, 2004, unfortunately the only thing I can think about this is that it got lost in the mail, on May 5, 2004 I sent a letter to your office replying on the mentioned notice, together with that letter I sent a copy of the corporation FEI application and a copy of the original corporation annual report. I am resubmitting the requested information this time thru certified mail to at least have a tracking number, please understand that I have done everything on my part to promptly solve this issue including filing and paying the fees on time.

Thank you in advance for your cooperation in this matter.

Cordially,


Arturo J. Pellerano
Controller

Attachments:

Copy of FEI application
Copy of 2004 Corporation Annual Report


66429565

Attachment PO 2000057878

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)EIN **04-3670832**

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

| | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|--|---|--|---|---|--|---|---|--|--|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested ROLLING PIN CRUISE, INC. | | | | | | | | | | | | | | | | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, trustee, "care of" name | | | | | | | | | | | | | | | |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 555 Northeast 34th Street, Unit 903 | | 5a Street address (if different) (Do not enter a P.O. box.) | | | | | | | | | | | | | | | |
| | 4b City, state, and ZIP code Miami, Florida 33137 | | 5b City, state, and ZIP code | | | | | | | | | | | | | | | |
| | 6 County and state where principal business is located Miami-Dade County, Florida | | | | | | | | | | | | | | | | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor Simon Worgotter, President | | 7b SSN, ITIN, or EIN 592-52-1832 | | | | | | | | | | | | | | | |
| 8a Type of entity (check only one box) <table border="0"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S</td> <td><input type="checkbox"/> Trust (SSN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td>Group Exemption Number (GEN) ▶ _____</td> </tr> </table> | | | | <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ | <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) _____ | <input type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S | <input type="checkbox"/> Trust (SSN of grantor) _____ | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government | <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military | <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises | <input type="checkbox"/> Other (specify) ▶ _____ | Group Exemption Number (GEN) ▶ _____ | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) _____ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S | <input type="checkbox"/> Trust (SSN of grantor) _____ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▶ _____ | Group Exemption Number (GEN) ▶ _____ | | | | | | | | | | | | | | | | | |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | | State Florida | Foreign country | | | | | | | | | | | | | | | |
| 9 Reason for applying (check only one box) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶ _____</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td> </tr> </table> | | | | <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ | <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ | <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business | <input type="checkbox"/> Other (specify) ▶ _____ | <input type="checkbox"/> Created a trust (specify type) ▶ _____ | | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | | | | |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▶ _____ | <input type="checkbox"/> Created a trust (specify type) ▶ _____ | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | | | | | | | | | | | | | | | | |
| 10 Date business started or acquired (month, day, year) 05/24/02 | | 11 Closing month of accounting year December | | | | | | | | | | | | | | | | |
| 12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.</i> (month, day, year) ▶ 06/15/02 | | | | | | | | | | | | | | | | | | |
| 13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i> ▶ | | Agricultural | Household | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | | |
| 14 Check one box that best describes the principal activity of your business. <table border="0"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/> Other (specify) _____</td> <td><input checked="" type="checkbox"/> Retail</td> </tr> </table> | | | | <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance | <input type="checkbox"/> Wholesale-agent/broker | <input type="checkbox"/> Real estate | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance | <input type="checkbox"/> Accommodation & food service | <input type="checkbox"/> Wholesale-other | | | | <input type="checkbox"/> Other (specify) _____ | <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance | <input type="checkbox"/> Wholesale-agent/broker | | | | | | | | | | | | | | |
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance | <input type="checkbox"/> Accommodation & food service | <input type="checkbox"/> Wholesale-other | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> Other (specify) _____ | <input checked="" type="checkbox"/> Retail | | | | | | | | | | | | | | |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Magazine Sales | | | | | | | | | | | | | | | | | | |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i> | | | | | | | | | | | | | | | | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____ | | | | | | | | | | | | | | | | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____ | | | | | | | | | | | | | | | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | | | | | | | | | | | | | | | | |
| | Designee's name | | Designee's telephone number (include area code) () | | | | | | | | | | | | | | | |
| | Address and ZIP code | | Designee's fax number (include area code) () | | | | | | | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | | | | | | | | | | | |
| Name and title (type or print clearly) ▶ ELSIE SANCHEZ, Treasurer | | Applicant's telephone number (include area code) (305) 576-0300 | | | | | | | | | | | | | | | | |
| Signature ▶  | | Applicant's fax number (include area code) (305) 857-3700 | | | | | | | | | | | | | | | | |
| Date ▶ 05/29/02 | | | | | | | | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)