

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000018770**

1. Entity Name  
**ROSS & ASSOCIATES INVESTMENT, INC.**



Principal Place of Business  
**7770 NW 32 STREET  
MIAMI, FL 33122**

Mailing Address  
**7770 NW 32 STREET  
MIAMI, FL 33122**



04192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1687354**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSS, JULIO A  
7770 NW 32 STREET  
MIAMI, FL 33122**

**DO NOT WRITE  
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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	ROSS, JULIO A
STREET ADDRESS	12118 SW 72 TERRACE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	VS
NAME	ROSS, JAVIER
STREET ADDRESS	10608 NW 54 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	DIR
NAME	SANCHEZ, TRINIDAD A
STREET ADDRESS	4220 SW 148TH PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	DIR
NAME	ROSS, EDUARDO F
STREET ADDRESS	11310 NW 48TH TERR
CITY-ST-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000923950  
05/16/08-80054-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JULIO A. ROSS**

**4/23/08**

Date

**305-591-2321**

Daytime Phone #