

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90310 039 ***150.00

DOCUMENT # P03000054729

1. Entity Name
ROTTERDAM, INC.



40047562



Principal Place of Business Mailing Address
2501 BRICKELL AVENUE 2501 BRICKELL AVENUE
506 # 506
MIAMI, FL 33129 US MIAMI, FL 33129 US

2. Principal Place of Business 3. Mailing Address
245 NE 152 St. 245 NE 152 St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL Miami FL
Zip Country Zip Country
33162 USA 33162 USA

04102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-3435885 Not Applicable

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

6. Name and Address of Current Registered Agent

DE JONG, ANNEMARIE
2501 BRICKELL AVENUE
506
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name De Jong, Annemarie
Street Address (P.O. Box Number is Not Acceptable)
245 NE 152 St
City Miami FL Zip Code 33162

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] DATE 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	DE JONG, ANNE	
STREET ADDRESS	2501 BRICKELL AVE # 506	
CITY - ST - ZIP	MIAMI - FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Jong, Annemarie	
STREET ADDRESS	245 NE 152 St	
CITY - ST - ZIP	MIAMI FL 33162.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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] DATE 4/10/06 (305) 354-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #