

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90221 002 ***150.00

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04232007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000054729

1. Entity Name
ROTTERDAM, INC.



Principal Place of Business
**245 NE 152ND ST
MIAMI, FL 33162 US**

Mailing Address
**245 NE 152ND ST
MIAMI, FL 33162 US**

2. Principal Place of Business - No P.O. Box #
9600 NW 27 Ave

3. Mailing Address
9600 NW 27 Ave

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33147

Country
US

Zip
33147

Country
US

4. FEI Number
20-3435885

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DE JONG, ANNEMARIE
245 NE 152ND ST
MIAMI, FL 33162**

7. Name and Address of New Registered Agent

Name
Annemarie De Jong

Street Address (P.O. Box Number is Not Acceptable)
9600 NW 27 Ave

City
Miami

State
FL

Zip Code
33147

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]** (NOTE: Registered Agent signature required when reinstating)

DATE **4/23/07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PS DE JONG, ANNEMARIE 245 NE 152ND ST MIAMI, FL 33162 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS Annemarie De Jong 9600 NW 27 Ave Miami FL 33147. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/07** (786) 999-4323