


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000080885	
1. Entity Name ROX MANAGEMENT, INC.	

Principal Place of Business 2323 NE 26 AVE STE 108 POMPAÑO BEACH, FL 33062	Mailing Address 2323 NE 26 AVE STE 108 POMPAÑO BEACH, FL 33062
--	--

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0476958	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 SANDER, MARC 2323 NE 26 AVE STE 108 POMPAÑO BEACH, FL 33062

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

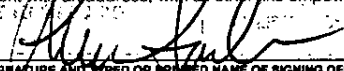
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE P	SANDER, MARC 2323 NE 26 AVE STE 108 POMPAÑO BEACH, FL 33062
TITLE V	SANDER, GAIL 2323 NE 26 AVE STE 108 POMPAÑO BEACH, F 33062
TITLE	
TITLE	
TITLE	
TITLE	

DO NOT WRITE IN THIS SPACE

U00000840753
03/07/08-80006-001 150.00

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: 	Date 2/18/08	Daytime Phone # 954-782-3334
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		