

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


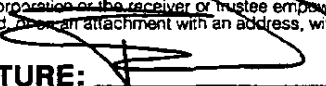
**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90275 016 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000111245</b> 1. Entity Name <b>ROSAL HOLDINGS, INC.</b>			
Principal Place of Business 1130 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139		Mailing Address 1130 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139	
2. Principal Place of Business Helele Kennedy Cswy. Suite, Apt. #, etc. #505 City & State N. Bay Village, FL Zip 33141		3. Mailing Address Helele Kennedy Cswy. Suite, Apt. #, etc. #505 City & State N. Bay Village, FL Zip 33141	
4. FEI Number 56-2407514		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 GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> 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	D <input type="checkbox"/> Delete SALAND, ROBERT 1130 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Helele Kennedy Causeway, #505 N. Bay Village, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROJO, FRANCISCO 1130 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Helele Kennedy Causeway, #505 N. Bay Village, FL 33141
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
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
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
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. See an attachment with an address, with all other like empowered.			
SIGNATURE: 		FRANCISCO ROJO 4/21/04 (605) 538-9552 EXT. 103 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	