2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # P03000130459

1. Entity Name
ROHS USA, INC.

Principal Place of Business	Mailing Address
3348 S ATLANTIC AVE DAYTONA BEACH, FL 32118	3348 S ATLANTIC AVE DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

04302006 No Chg-P CR2E034 (11/05)

4. FEI Number
86-1087759

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUMER, BARRY N ESQ.
5728 MAJOR BLVD., STE 545
ORLANDO, FL 32819

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: _____ 4-30-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for certain filings) DATE

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	P
NAME	ROH, SANG R
STREET ADDRESS	3348 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/22/06-80001-016 150.00

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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: _____ 4-30-06 386-322-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #