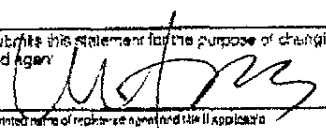
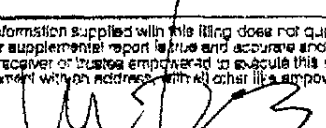


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000130459		
1. Entity Name ROHS USA, INC.		
Principal Place of Business 3348 S ATLANTIC AVE DAYTONA BEACH, FL 32118		Mailing Address 3348 S ATLANTIC AVE DAYTONA BEACH, FL 32118
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent BRUMER, BARRY N ESQ. 5726 MAJOR BLVD., STE 545 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE
3. 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: 4-30-06
(NOTE: Registered Agent Address required for all filings) SIGNATURE, typed or printed name of registered agent and title (if applicable)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		4. 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		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
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 807, 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: 4-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 306-322-4477



04302006 No Chg-P CR2E034 (11/05)

4. FSI Number: 06-1087759	Applied For ☐ Not Applicable
5. Certification of Status Desired ☐	\$8.75 Additional Fee Required

U00000565552
05/22/06-80001-016 150.00

**DO NOT WRITE
IN THIS SPACE**