


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90045 011 \*\*\*150.00

<b>DOCUMENT # P04000003958</b>	
1. Entity Name A.E. ROSSI, INC.	

Principal Place of Business 2208 NORTH LUIS AVE G 100 TAMPA, FL 33607	Mailing Address 12920 CASTLEMAIN DR TAMPA, FL 33626
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2. Principal Place of Business - No P.O. Box # Royal Cafe II Suite, Apt. #, etc. 1408 N. Westshore Blvd City & State Tampa, FL Zip 33607 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent ROSSI, ANTHONY E 12920 CASTLEMAIN DR TAMPA, FL 33626	
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40125790



07122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2880350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, ANTHONY E 12920 CASTLEMAIN DR TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rossi, Anthony E 1231 Nashville Dr Westly Chapel FL 33544 <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
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 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 the empowered.

**SIGNATURE:**  **7-14-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40125790  
#P04000003958

7-14-07

RYL CAFE II

I did not receive paper work  
on JAN Do to moving.  
Please write my late  
Feds That ACCIDENT.

Thank You

Patricia R.

7-14-07

P.S.

Here is my new Address.