

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000035757

1. Entity Name
ROTHLIDS, INC.



Principal Place of Business
**3934 CRESCENT CREEK DRIVE
COCONUT CREEK, FL 33073**

Mailing Address
**3934 CRESCENT CREEK DRIVE
COCONUT CREEK, FL 33073**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0872882	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

**ARMSTRONG, LANCE
1351 NW 16TH STREET
MIAMI, FL 33125**

**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, 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	ROTH, ALAN
STREET ADDRESS	3934 CRESCENT CREEK DRIVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	S
NAME	ROTH, CANDICE
STREET ADDRESS	3934 CRESCENT CREEK DRIVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	
NAME	
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CITY-ST-ZIP	

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02/08/06-80083-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1125106 (954) 562 834