## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Apr 17, 2008 08:00 All Secretary of State DOCUMENT # P04000035757 1. Entity Name ROTHLIDS, INC. Principal Place of Business Mailing Address **3934 CRESCENT CREEK DRIVE** 3934 CRESCENT CREEK DRIVE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 No Cha-P 02202008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0872882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ARMSTRONG, LANCE DO NOT WRITE 1351 NW 16TH STREET MIAMI, FL 33125 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ROTH, ALAN 3934 CRESCENT CREEK DRIVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE ROTH, CANDICE NAME 3934 CRESCENT CREEK DRIVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 THLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #