FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

28 APR 05

P04000072043 **DOCUMENT #** 1. Entity Name

ROZE CORP.

SIGNATURE: ROTEM ZEEV

May 02, 2005 8:00 am Secretary of State 05-02-2005 90427 019 ***150.00

DO NOT WRITE IN THIS SPACE				40074432
2. Principal Place of Business 4090 HoDGES BLV0 Suite, Apt. #, etc. APT. 2201 3. Mailing Address 4090 HoDG Suite, Apt. #, etc. APT. 2201 APT. 220			BLVD	DO NOT WRITE IN THIS SPACE
City & State JACKSONVILLE FL Zip 32224 Country USA		City & State JACK SONVILLE FL Zip Country 32224 USA		4. FEI Number
DO NOT WRITE IN THIS SPACE			Name ZEEN Street Address (PC 4090) APT.	Fee Required Name and Address of Current Registered Agent V, ROTEM D. Box Number is Not Acceptable) HODGES BLVD 2 20 SONVILLE FL Zip Code 3 2 2 2 4
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS January 1 - Ma After May 1 Amended Make Check Payable			is \$550.00 is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZEEV, ROTEM 4090 HOOGES BLY JACKSONVILLE FL	0 # 220/ STI	}	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		сп	ME REET ADDRESS Y-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		f '	Ţ.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		сп	ME REET ADDRESS Y-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.				