## FILED Mar 15, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000012949							03-15-2006 90087 038 ***150.00					
1. Enity Name ROIMAX USA, INC.							ดดส์ <b>ค</b> ว	7				
Principal Plac		<b>~40</b>	03143	1								
2111 NE 56 STREET 6278 N FEDERAL HWY												
UNIT 203 FT LAUDERDALE, FL 33308						1						
FORT LAUDERDALE, FL 33308 US							I ARRESTERA ANT RE	etat asiei abta kain easi	ERICA FIRM STATE	Z CUSA GIGIO IX	ATT II (TT)	
2. Principal P	Pace of Busin	ness	3. Mailing Address									
Suite, Apl. #, etc.			Suite, Apt. #, etc.				2032006	Chg-P	CR2E03	4 (11/05)	·	
City & State			City & State				FEI Number	5-8535			plied For at Applicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desi			\$8.75 Additional			
	6 Nama	and Address of Commet	Paristand Areast				7. Name and Address of New Registered Agent					
<del></del>	o. Name	and Address of Current i	<del> /·</del>	name and A	duress of New Me	igistered A	gent					
KATILLA, I	DERAL H			Street Address			Box Number	is Not Acceptable)	<del></del>			
FORT LAUDERDALE, FL 33308												
* .				City				FL	Zip Code	9		
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 reinstaing)  DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Add							May Be Fees					
10.		OFFICERS AND I	DIRECTORS	11.		Αſ	DDITIONS/C	HANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11	
ture .	D Delete		TITLE	1					Change	Addition		
NAME SERVED A DOCUMENT	KATILA, PERTTU M 6278 N FEDERAL HWY 448				E Et adoress							
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12. I hereby certify that the information supplied with this lifting 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 a supplemental report is the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated in Chapter 119, Florida Statutes, I further certify that the information indicated in Chapter 119, Florida Statutes, I further certify that the information indicated in Chapter 119, Florida Statutes, I further certify that the information indicated in Chapter 119, Florida Statutes, I further certify that the information indicated in Chapter 119, Florida Statutes, I further certify that the information indicated in Chapter 119, Florida Statutes, I further certify that I for the information indicated in Chapter 119, Florida Statutes, I further certify that I for the information indicated in Chapter 119, Florida Statutes, I further certificated in Chapter 119, Florida Statutes, I fu												
SIGNATURE: Parth Matin Hate 3/13/2006 957-489-2394  SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR Date  Dayline Phone 1										2394		
~		SIGNATURE AND TYPED OR PI	RINTED NAME OF BIGNING OFFICER	OR DIRECT	OR			Date	Day	time Phone #		