## **2007 FOR PROFIT CORPORATION**

### **ANNUAL REPORT**

1. Entity Name ROIMAX USA, INC.

DOCUMENT # P05000012949



Principal Place of Business

Mailing Address

2111 NE 56 STREET **UNIT 203** 

FORT LAUDERDALE, FL 33308 US

6278 N FEDERAL HWY 448 FT LAUDERDALE, FL 33308

# **FILED** Apr 16, 2007 08:00 AM Secretary of State

914-319-4103



#### DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING

	02192007 No Chg-P		CR2E034 (11/05)			
۲	4. FÉI Number			Applied For		
١	42-1658535			Not Applicabl		
5. Certificate of		of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

KATILLA, PERTTU 6278 N FEDERAL HWY #448 FORT LAUDERDALE, FL 33308

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE Registered	Agent signatur	s required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATILA, PERTTU M 6278 N FEDERAL HWY 448 FORT LAUDERDALE, FL 33308						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00800707597 04/24/07-80081-016 150.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.							