## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 8:00 am Secretary of State

ANNUAL REPURI						Secretary or state				
DOCUMENT # P05000094456  1. Entity Name VAN ROSSLAND INC					05-03-2006 90239 045 ***150.00					
Principal Place of Business Mailing Address				1						
8535 CUTLER CT		8535 CUTLER CT			20043906					
MIAMI, FL 33189		MIAMI, FL 33189				200	3000			
						<b>                                    </b>	THE STATE OF THE STATE			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302006	Chg-P	CR2E03	34 (11/05)		
City & State		City & State			4. FEI Numb	311931	2	_ <del>                                    </del>	plied For t Applicable	
Zip Country		Zip Count		try		of Status Desired		\$8.75 Add	itional	
		<u> </u>						ee Required	j	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered A	gent		
ROSSALE, GINO			- <u>-</u>							
8535 CUTI				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33109									
· 5				City			FL	Zip Code	<del></del>	
• ,						th in the Case of Ele				
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 bligations of registered agent.										
SIGNATURE										
FILE NOWILL EEC 19 6450 00 9. Election Campaign Financing \$5.00 May Re									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	icing \$5	5.00 May Be ded to Fees							
	<u> </u>		1 22		ADDITIONS	(CUANDES TO OFF	10500 410	DIRECTOR	2.161.4.4	
10.	OFFICERS AN	D Delete	11.	<del></del>	ADDITIONS	/CHANGES TO OFF	ICERS AND	Change	Addition	
NAME	ROSSALE, GINO	L Delete	NAM					Straings		
STREET ADDRESS	8535 CUTLER CT			et address						
CITY-ST-ZIP	MIAMI, FL 33189		CITY	-SI-ZIP						
TITLE		Delete	TITLE	E				Change	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	:				☐ Change	Addition	
NAME			NAM	1						
STREET ADDRESS CITY+S1-ZIP				ET ADDRESS - ST-ZIP						
TITLE		Delete	TITLI					☐ Change	Addition	
NAME		<b>2</b> 0000	NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL			<del></del>		☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	L		uly	-ST-ZIP					<del></del>	

12. I hereby certify that the information supplied with this filting 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

GIN MOSSAL

4-30-06

Daytime Phone #