
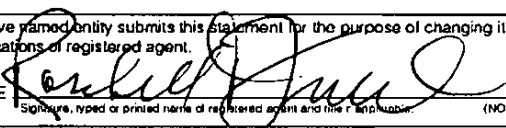
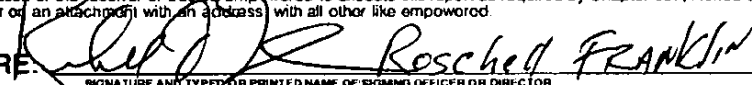


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-02-2007 90044 004 ***150.00

| | | | | | |
|---|-------------------------------|-----|---|--|----------|
| DOCUMENT # P06000154775 | | | |  | |
| 1. Entity Name A ROSCHELL CORPORATION | | | | | |
| Principal Place of Business 771 NW 22ND ROAD FT LAUDERDALE FL 33311 | | | Mailing Address 771 NW 22ND ROAD FT LAUDERDALE FL 33311 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number APPLIED FOR | |
| | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANKLIN, JR., ROSCHELL J 771 NW 22ND ROAD FT LAUDERDALE FL 33311 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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  | | | | DATE 4/10/07 | |
| (NOTE: Registered Agent signature required when reappointing) | | | | | |
| FILE NOW!!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PTD | | | <input type="checkbox"/> Delete | |
| NAME | FRANKLIN, JR., ROSCHELL J | | | | |
| STREET ADDRESS | 771 NW 22ND ROAD | | | | |
| CITY- ST- ZIP | FT LAUDERDALE FL 33311 | | | | |
| TITLE | VPD | | | <input type="checkbox"/> Delete | |
| NAME | FRANKLIN, DOROTHY | | | | |
| STREET ADDRESS | 4421 NW 13TH COURT | | | | |
| CITY- ST- ZIP | LAUDERHILL FL 33313 | | | | |
| TITLE | SD | | | <input type="checkbox"/> Delete | |
| NAME | FRANKLIN-CARSWELL, TRACHELL A | | | | |
| STREET ADDRESS | 4421 NW 13TH COURT | | | | |
| CITY- ST- ZIP | LAUDERHILL FL 33313 | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 Section 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  | | | | DATE 4/10/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |