


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90042 004 \*\*\*150.00

**DOCUMENT # P07000068972**

1. Entity Name  
**EVICT MY ROOMMATE INC**



Principal Place of Business      Mailing Address

10925 PEACHGROVE STREET      10925 PEACHGROVE STREET  
 APT # 10      APT # 10  
 N HOLLYWOOD, CA 91601 US      N HOLLYWOOD, CA 91601 US

**66014322**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

10822 Hartsook St.      11570 S US Hwy 441  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Apt. 4

05082008    Chg-P    CR2E034 (12/06)

City & State      City & State

N Hollywood, CA      Bellevue FL

Zip      Country      Zip      Country

91501-3969      USA      34420      USA

4. FEI Number      Applied For

75-3243885      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

LOSITO, VALERIE J AGENT  
 11570 S US HIGHWAY 441  
 BELLEVUE, FL 34420

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |   |                         |                                 |
|----------------|---|-------------------------|---------------------------------|
| TITLE          | P | RODDY, ROGER H          | <input type="checkbox"/> Delete |
| NAME           |   |                         |                                 |
| STREET ADDRESS |   | 10925 PEACHGROVE STREET |                                 |
| CITY-ST-ZIP    |   | N HOLLYWOOD, CA 91601   |                                 |
| 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    |   |                         |                                 |
| 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 |  | 10822 Hartsook St Apt. 4 |   |
| CITY-ST-ZIP    |  | N Hollywood, CA 91601    |   |
| 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 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: \_\_\_\_\_ Date: 5/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      De/Re Phone #