

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072578

Entity Name: ROSCH INSURANCE GROUP, INC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

9600 NW 25 ST, STE 6B  
DORAL, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

9600 NW 25 ST, STE 6B  
DORAL, FL 33172

## New Mailing Address:

FEI Number: 26-3219792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: ROMEU, MARIA T  
Address: 9541 SOUTHWEST 94 STREET  
City-St-Zip: MIAMI, FL 33176

Title: VTD ( ) Delete  
Name: SCHENONE, JESSICA  
Address: 9541 SOUTHWEST 94 STREET  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSICA SCHENONE

VTD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date