## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2005 08:00 AM e

1. Entity Nan ROSENE Principal Place 200 VESEY	BLUTH INTERNATIONAL, INC.  De of Business  Mailing Address		Secretary of Stat
	OO NOT WRITE IN THIS SPACE		01042005 No Chg-P CR2E034 (10/03)  4. FEI Number 23-2192091 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when rehatating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  04/09/05-80018-024 150.00			
10,	OFFICERS AND DIRECTORS		5 % 65% 65 66618 624 130108
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHENAULT, KENNETH I 200 VESEY ST NEW YORK, NY 102853002 S NORMAN, STEPHEN R 200 VESEY ST NEW YORK, NY 102853002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T YOWAN, DAVID L 200 VESEY ST NEW YORK, NY 102853002 D CHENAULT, KENNETH I		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 VESEY ST NEW YORK, NY 102853002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby clindicated	certify that the information supplied with this filing does not quality for the exem on this report or supplemental report is true and accurate and that my signatu	ption stated in Secret shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D			