

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P27464

1. Entity Name
THE ROTH VENTURES, INC.



Principal Place of Business
20023 N.E. 39TH PLACE
AVENTURA, FL 33180 US

Mailing Address
409 WASHINGTON AVENUE
STE 900
TOWSON, MD 21204 US

FILED
Mar 15, 2004 08:00 AM
Secretary of State



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0985297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ISRAELSON, STUART G
20023 N.E. 39TH PLACE
AVENTURA, FL 33180

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ISRAELSON, STUART G 20023 N.E. 39TH PLACE N MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ISRAELSON, WENDY 5672 OAKMONT AVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FIEDMAN, LOUIS F 409 WASHINGTON AVE, SUITE 900 TOWSON, MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UN00000088057
03/15/04-80035-018 150.00

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IN THIS SPACE**

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:

Stuart Israelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date

Daytime Phone #