



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 050 ***150.00

DOCUMENT # P38518 1. Entity Name ROHDE & LIESENFELD, INC.					
Principal Place of Business 2200 NW 110TH AVE. SUITE 301 MIAMI, FL 33172		Mailing Address 535 8TH AVENUE 17 FLOOR NEW YORK, NY 10018			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 240 W 35TH ST.		50046740 	
City & State NEW YORK NY		Suite, Apt. #, etc. STE. 1201		04012005 Chg-P CR2E034 (10/03)	
Zip 10001		Country		4. FEI Number 13-2859141	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LIESENFELD, DIETER ALSTERTOR 21 HAMBURG GERMANY,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMERBROOK STRABE 89 POB 105429 HAMBURG GERMANY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIESENFELD, BODO ALSTERTOR 21 HAMBURG GERMANY,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMERBROOK STRABE 89 POB 105429 HAMBURG GERMANY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOB, PATRICK 535 8TH AVENUE 17 FL NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO THOMAS DUNAIS 9 CASAZZA PLACE PEARL RIVER, NY 10965	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTER, ROLAND ALSTERTOR 21 HAMBURG GERMANY,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY GREG GUIMOTOG 923 VAN HOUTEN AVE. CLIFTON, NJ 07013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHARREL, PETER ALSTERTOR 21 HAMBURG GERMANY,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEPHAN MATHES HAMMERBROOK STRABE 89 POB 105429 HAMBURG, GERMANY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUMPERT, DANIEL 535 8TH AVENUE 17 FL NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHARLES BOON 19 CRAMMER LANE HILLSBOROUGH, NJ 08844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ GREG GUIMOTOG (212) 432-1200					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					