

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P41142

1. Entity Name
ROOS INTERNATIONAL, LTD., INC.



Principal Place of Business

**1020 NW 6TH STREET
SUITE H
DEERFIELD BEACH, FL 33442**

Mailing Address

**1020 NW 6TH STREET
SUITE H
DEERFIELD BEACH, FL 33442**

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
86-0662532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROOS, DICH S
1020 NW 6TH STREET
SUITE H
DEERFIELD BEACH, FL 33442**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROOS, DICH S.
STREET ADDRESS	2400 NE 47TH STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	DVST
NAME	ROOS, DEBORAH
STREET ADDRESS	2400 NE 47TH STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80089-002 158.75

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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:

Deborah Roos **Deborah Roos**

2/24/05
Date

954-421-3883
Days/Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR