

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000015421</b>	
1. Entity Name ROSCHMAN INVESTMENT CORP.	
Principal Place of Business	Mailing Address
6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334 US	6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334 US



**DO NOT WRITE IN THIS SPACE**

03122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0380569

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SADER, ROBERT L ESQ.  
1901 W. CYPRESS CREEK ROAD  
SUITE 415  
FORT LAUDERDALE, FL 33309

**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 D  
NAME ROSCHMAN, JEFFREY S  
STREET ADDRESS 2511 DELLAGO DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE D  
NAME ROSCHMAN, ROBERTY J  
STREET ADDRESS 1759 SE 10TH STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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04/28/05-80069-018 150.00

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4. 26-05