


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 022 ***150.00

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| DOCUMENT # P92000015421 |  |
| 1. Entity Name ROSCHMAN INVESTMENT CORP. | |

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| Principal Place of Business 6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334 US | Mailing Address 6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334 US |
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DO NOT WRITE IN THIS SPACE

40080903



04042007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0380569 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SADER, ROBERT L ESQ. 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSCHMAN, JEFFREY S 2511 DELLAGO DRIVE FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSCHMAN, ROBERTY J 1759 SE 10TH STREET FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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|---|------------|-----------------------|
| SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ | Daytime Phone # _____ |
|---|------------|-----------------------|