

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90303 030 \*\*\*150.00

<b>DOCUMENT # P93000087752</b>					
<b>1. Entity Name</b> ROSAM, INC.					
<b>Principal Place of Business</b> 501-513 OLD GRIFFIN RD DANIA, FL 33004 US			<b>Mailing Address</b> C/O TIP TOP EQUIPMENT 501 OLD GRIFFIN ROAD DANIA BEACH, FL 33004 US		
<b>2. Principal Place of Business</b> 1855 GRIFFIN RD Suite, Apt. #, etc. A 314		<b>3. Mailing Address</b> P.O. Box 248 Suite, Apt. #, etc.			
City & State DANIA BEACH, FL Zip 33004 Country USA		City & State DANIA BEACH, FL Zip 33004 Country USA		<b>4. FEI Number</b> 22-3265206	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FIRST/ LAST/ MI WESLEY, EVERETT A TIP TOP EQUIPMENT 501 OLD GRIFFIN ROAD DANIA BEACH, FL 33004			<b>7. Name and Address of New Registered Agent</b> Name WESLEY A. EVERETT Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN RD A 314 City DANIA BEACH FL Zip Code 33004		
<b>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.</b> SIGNATURE <u>Wesley A. Everett</u> (WESLEY A. EVERETT, TREAS.) 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SOLOMON, FRAN 1580 SEAGRAPE WAY HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SOLOMON, DAMON 1580 SEAGRAPE WAY HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERETT, CORRIE S 3317 BARBADOS AVE. COOPER CITY, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVERETT, WESLEY A 3317 BARBADOS AVE. COOPER CITY, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Wesley A. Everett</u> (WESLEY A. EVERETT) 4/15/04 954 921-4199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					