

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014946

FILED
Jan 27, 2004
Secretary of State

Entity Name: ROLLER STAR CORPORATION

Current Principal Place of Business:

6351 NW 28TH WAY
SUITE C
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6351 NW 28TH WAY
SUITE C
FT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0470028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECCOFIGLIO, DAVID
2200 NE 62 CT
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTI RUIZ, JAMIE
Address: CALLE MANISES, 1
City-St-Zip: 76970 ALACUAS VALENCIA SPAIN,

Title: S () Delete
Name: UCIEDA, JOSE LUIS,
Address: AVDA COMARQUES VALENCIANES 119
City-St-Zip: 46930 QUART DE POBLET V SPAI,

Title: D () Delete
Name: ROS, JOSE L
Address: AVDA COMARQUES VALENCIANES 119
City-St-Zip: 46930 QUART DE POBLET V SPAI,

Title: GM () Delete
Name: CECCOFIGLIO, DAVID
Address: 2200 NE 62 CT.
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORTI RUIZ, JAMIE
Address: CALLE MANISES, 1
City-St-Zip: 76970 ALACUAS VALENCIA SPAIN, SP

Title: S (X) Change () Addition
Name: GONZALEZ, ARTURO
Address: AVDA COMARQUES VALENCIANES 119
City-St-Zip: 46930 QUART DE POBLET V SPAI, SP

Title: D (X) Change () Addition
Name: ROS, JOSE L
Address: AVDA COMARQUES VALENCIANES 119
City-St-Zip: 46930 QUART DE POBLET V SPAI, SP

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CECCOFIGLIO

GM

01/27/2004

Electronic Signature of Signing Officer or Director

_____ Date