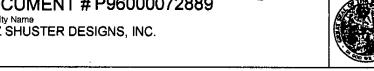
## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P96000072889 ROZ SHUSTER DESIGNS, INC.

**FILED** Feb 12, 2007 08:00 A Secretary of State

Fee Required



Principal Place of Business 1000 CLINT MOORE ROAD

SUITE 103 BOCA RATON, FL 33487 Mailing Address

1000 CLINT MOORE ROAD SUITE 103 BOCA RATON, FL 33487

US

## DO NOT WRITE IN THIS SPACE

02062007	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
65-0697115			Not Applicabl		
5. Certificate of	of Status Desired	\$8.75 Additional			

6. Name and Address of Current Registered Agent

ROSALIND, SHUSTER 1000 CLINT MOORE ROAD **SUITE 103** BOCA BATON EL 33487

## DO NOT WRITE IN THIS SPACE

	1011,12 00407	i						
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								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CIORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUSTER, ROSALIND 7855 TALAVERA PLACE DELRAY BEACH, FL 33446							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,, , , , , , , , , , , , , , , , , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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.

**SIGNATURE:** 

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #