

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072889

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** ROZ SHUSTER DESIGNS, INC.

**Current Principal Place of Business:**

1000 CLINT MOORE ROAD  
SUITE 103  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

5295 TOWN CENTER ROAD  
SUITE 200  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

1000 CLINT MOORE ROAD  
SUITE 103  
BOCA RATON, FL 33487 US

**New Mailing Address:**

5295 TOWN CENTER ROAD  
SUITE 200  
BOCA RATON, FL 33486 US

**FEI Number:** 65-0697115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSALIND, SHUSTER  
1000 CLINT MOORE ROAD  
SUITE 103  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

ROSALIND, SHUSTER  
5295 TOWN CENTER ROAD  
SUITE 200  
BOCA RATON, FL 33486 US

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:** ROSALIND SHUSTER

02/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHUSTER, ROSALIND  
**Address:** 7855 TALAVERA PLACE  
**City-St-Zip:** DELRAY BEACH, FL 33446

I hereby 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 all other like empowered.

**SIGNATURE:** ROSALIND SHUSTER

PD

02/28/2011

Electronic Signature of Signing Officer or Director

Date