

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088653

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: LINEAROSSA INTERNATIONAL, INC.

## Current Principal Place of Business:

3931 SW 47TH AVENUE  
SUITE 106  
DAVIE, FL 33314

## New Principal Place of Business:

1500 UNIVERSITY DR  
SUITE 117  
CORAL SPRINGS, FL 33071

## Current Mailing Address:

3931 SW 47TH AVENUE  
SUITE 106  
DAVIE, FL 33314

## New Mailing Address:

1500 UNIVERSITY DR  
SUITE 117  
CORAL SPRINGS, FL 33071

FEI Number: 95-4502279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAAS, OLAF  
3931 SW 47 AVE, SUITE 106  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

AVALON, R J  
1500 UNIVERSITY DR  
SUITE 117  
CORAL SPRINGS, FL 33071 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: R J AVALON

03/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: HAAS, OLAF  
Address: 3931 S.W. 47 AVE / STE 106  
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: D ( ) Delete  
Name: HOLTSMANN, BERND  
Address: MEIERSFELDER STR 43  
City-St-Zip: DETNOLD, GY

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: HAAS, OLAF  
Address: 1108 CITRUS ISLE  
City-St-Zip: FT. LAUDERDALE, FL 33315

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: OLAF HAAS

PSD

03/08/2005

Electronic Signature of Signing Officer or Director

Date