


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000063418	
1. Entity Name ROXSAN LIMITED, INC.	

Principal Place of Business 780-N.W. 24 AVE. DELRAY BEACH, FL 33445	Mailing Address 780-N.W. 24 AVE. DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0855240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ROXANNE G
780-N.W. 24 AVE.
DELRAY BEACH, FL 33445

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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: Roxanne G. Schwartz 04/24/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, ROXANNE G 780 NW 24 AVE DELRAY BEACH, FL 33445
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05/20/08-80050-018 150.00

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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: Roxanne G. Schwartz 04/24/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #