


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 026 ***150.00

DOCUMENT # P99000011665 1. Entity Name ROTEM, INC.	
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Principal Place of Business 19575 BISCAYNE BLVD. AVENTURA MALL RM 1281 AVENTURA, FL 33180	Mailing Address 19575 BISCAYNE BLVD. AVENTURA MALL RM 1281 AVENTURA, FL 33180
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94016366



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0894141	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BITTON, MOSHE 19575 BISCAYNE BLVD. AVENTURA MALL RM 1281 AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BITTON, MOSHE 19575 BISCAYNE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BITTON, JUDY 19575 BISCAYNE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAUNSTEIN, VIC 19575 BISCAYNE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **1/28/04** 
Date Daytime Phone #