


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90023 022 ***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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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
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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 _____ (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, 2007 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 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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____