2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P99000031101 1. Entity Name 04-29-2004 90231 029 ***158.75 ROSHUM CORPORATION Principal Place of Business Mailing Address 3821 SW 99TH AVE. 3821 SW 99TH AVE. **34071666** MIAMI FL 33165 MIAMI FL 33165 1923 SW 158 4 Way 2. Principal Place of Business 49235W 158 th way MOORE CR2E034 (11/03) 4. FEI Number Applied For 65-0912398 IVamas Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MARTINEZ, HUMBERTO-3821 SW 99TH AVE. **MIAMI FL 33165** 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 age SIGNATURE Signature, typed or printed nar nplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE/S \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE HARTINEZ Humbuto ☐ Addition MARTINEZ, HUMBERTO NAME NAME 4923 Jul 158 th way HIVAMAN, PL 33027 3821 SW 99TH AVE. #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP 518 GARCIA, ROSA H 4923 SW 158 K Way STD ☐ Delete TITLE ☐ Addition GARCIA, ROSA H NAME NAME STREET ADDRESS 3821 SW 99TH AVE. #2 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP This tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 lowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation or the receiver or trusted changed, or on an attachment with an addr

all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

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Date Dayline Phone #