2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90058 002 ***150.00

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02082004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000049360

1. Entity Name
ROCHE INTERNATIONAL INC.

Principal Place of Business	Mailing Address
310 GOLFBROOK CIRCLE #204 LONGWOOD, FL 32779	310 GOLFBROOK CIRCLE #204 LONGWOOD, FL 32779

2. Principal Place of Business	3. Mailing Address
180 Mar Len Dr	180 Mar Len Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne Bch, Fl	City & State: Melbourne Bch, Fl
Zip: 32951 Country: Brevard	Zip: 32951 Country: Brevard

4. FEI Number: 59-3587903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENS, STEVEN P
2054 PALM VISTA DR
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 180 Mar Len Dr.
City: Melbourne Bch FL Zip Code: 32951

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: Steven P. Bens [signature] 2/8/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIME, DIJAN 310 GOLFBROOK CIRCLE LONGWOOD, FL 32779	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sime Dijan 180 Mar Len Dr Melbourne Bch Fl 32951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENS, STEPHEN P 2054 PALM VISTA DR APOPKA, FL 32712	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stephen P. Bens 180 Mar Len Dr Melbourne Bch, Fl 32951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2/8/04 321-246-1317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sime Dijan, President