2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

| DOCUMEI 1. Entity Name ROSELL INC. | | | Feb 09, 2004 08:00 AM Secretary of State | | | | | | |
|--|--|--|---|---|--|--|---------------------|--|--|
| 0 | <u> </u> | 14-00- Add | - | | - | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 112 S. FEDERAL HIGHWAY 112 S. FEDERAL HIGHWA' SUITE #3 SUITE #3 | | | WAY | | | | | | |
| BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33433 | | | 33435 | | | | | | |
| | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 7 | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt #, etc | | | MOORE | CR2E034 | (11/03) | | |
| City & State | | City & State | | | 4. 8 | El Number 65-0934652 | 2 | | oplied For of Applicable |
| Zip | Country | Zip Coun | | try | 5. C | Certificate of Status Desired | | 8.75 Add ee Require | |
| 6. Name and Address of Current Registered Agent | | | | | 7. N | ame and Address of New R | egistered A | gent | |
| | | | | Name | , | | | | |
| ROSELL, 112 S. FI | | | | eet Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE #3 | e | 3 | | | and the second s | ., | | ······································ | |
| | | | | City | | · · · · · · · · · · · · · · · · · · · | FL | Zip Cod | е . |
| 9. The state appear on the state of the stat | | | | | | in a batt to the Character | |] | |
| 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. | | | | | | | | | |
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| SIGNATURE | | and the Lampicable (NOT | F Demotors | d A 0 0 0 1 0 1 1 0 1 0 0 0 0 0 0 0 0 | | freduction) | DATE | | ······································ |
| Signature: typed or printed name of registered agont and life if applicable (NOTE, Registered Agent signature required when rolnstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | Election Campaign Fin Trust Fund Contributio | | \$5.0 Added | 0 May Be I to Fees |
| 10. OFFICERS AND DIRECTORS 11. | | | | | AD | DITIONS/CHANGES TO OFF | ICERS AND | DIRECTOR | SIN 11 |
| TITLE P | | ☐ Delete | TITLE | : | | | | Change | Addition |
| 1= | LL, SHARON E | | NAM | į | | | | | |
| l i | STREET ADDRESS 7640 ARDWICK DRIVE | | STRE | | | | | | |
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| | hat the informations and a de- | This filing doos at augiful | | | antina : | 119 07(9)(i) Eladda Piaka | i fuetbor cod | fu that that: | nformation ' |
| indicated on this | hat the information supplied with report or supplemental report is | i una uning does not qualify to strue and accurate and that i | my signal | ure shall have the | same ! | egal effect as if made under i | oath, that I a | n an officer | or director |
| 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 of the report of the corporation or the receiver or trustee empowered. | | | | | | | | | |

FILED