


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90017 039 \*\*\*150.00

<b>DOCUMENT # S42108</b> 1. Entity Name <b>ROLASU FARM, INC.</b>					
Principal Place of Business <b>52 YACHT CLUB DRIVE APT. 309 N. PALM BEACH, FL 33408</b>			Mailing Address <b>2365 ARMAND RD NE ATLANTA, GA 30324</b>		
2. Principal Place of Business <b>1224 US HIGHWAY ONE</b> Suite, Apt. #, etc. <b>SUITE H</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip <b>33408-3539</b>		Country <b>PALM BEACH</b>	
City & State <b>NORTH PALM BEACH, FL</b>		City & State  Zip  Country 		4. FEI Number <b>65-0260481</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MARSHALL, ROBERT P. 2401 PGA BLVD PALM BCH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <i>Roanne Katcher</i> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE: <b>3-5-04</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KATHCER, ROANNE 2365 ARMAND RD N.E. ATLANTA, GA 30324		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Roanne Katcher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>3-5-04</b>		Daytime Phone #: <b>404 733-4427</b>	

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02052004 Chg-P CR2E034 (10/03)