

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V00164 (6)  
1. Corporation Name  
ROJESHVEST, INC.



Principal Place of Business Mailing Address  
B&C CORPORATE SERVICES OF CENTRAL FL  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801  
B&C CORPORATE SERVICES OF CENTRAL FL  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801-1641

2. Principal Place of Business 2a. Mailing Address  
21 2200 Lucien Way 26 P.O. Box 4961  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Ste. 450 27  
City & State City & State  
23 Matland, FL 28 Orlando, FL  
Zip Country Zip Country  
24 32751 25 USA 29 32802-4961 30 USA

3. Date Incorporated or Qualified 12/13/1991 3a. Date of Last Report 03/18/1996  
4. FEI Number 59-3095158 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
B&C CORPORATE SERVICES OF CENTRAL FL, INC  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GINSBURG, RONALD M.			1.2 NAME			
STREET ADDRESS	2200 LUCIEN WAY #450			1.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GINSBURG, JEFFREY S.			2.2 NAME			
STREET ADDRESS	2200 LUCIEN WAY #450			2.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GINSBURG, SHARON			3.2 NAME			
STREET ADDRESS	2200 LUCIEN WAY #450			3.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 4/2 8/19 467-110

CR2E034 (9/96)