



**- 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # V10645			
1. Entity Name M.A. ROESSLER ASSOCIATES, INC.			
Principal Place of Business 7821 S.W. 114TH STREET MIAMI, FL 33156		Mailing Address 7821 S.W. 114TH STREET MIAMI, FL 33156	
DO NOT WRITE IN THIS SPACE		 01032005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0312106		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, MICHAEL A ESQ 420 S. DIXIE HIGHWAY SUITE 4B CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		100000242834 02/25/05-80015-01A 150.00	
TITLE	PST	DO NOT WRITE IN THIS SPACE	
NAME	ROESSLER, MARTIN		
STREET ADDRESS	7821 S.W. 114TH ST.		
CITY-ST-ZIP	MIAMI, FL		
TITLE	VD		
NAME	ROESSLER, MARTIN		
STREET ADDRESS	7821 S.W. 114TH ST.	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u>Martin Roessler</u>		23 Feb 05 305-253 0094 <small>Daytime Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			