2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 08:00 AN Secretary of State

DOCUMENT # V38108 1. Entity Name ROSSWARDS INC.	\$ %·	
Principal Place of Business	Mailing Address	
3520 PADDOCK RD	3520 PADDOCK RD	

	20 PADDOCK RD . Lauderdale, Fl 33326	US		lohal hidii achal hall bian dibi	I BIBN BIBN BIBN BIBNADI A IBBN	
DO NOT WRITE IN THIS SPACE			02092008 No Chg-P CR2E034 (11/05)			
		,E	4. FEI Number 65-0332826		Applied For Not Applicable \$8.75 Additional	
	4 4 4		5. Certificate of St	atus Desired 🔲	Fee Required	
6. Name and Address of Current Registe BROOKE, PORTE 3520 PADDOCK RD FT LAUDERDALE, FL 33326	ered Agent	·.		OT WRIT		
8. The above named entity submits this statement for the put the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title state.		d office or register		the State of Florida. 1		
Signature typed or printed name of registered agent and like it?	approade (NOTE Replace et)	Mant adustitia tedorao	Amen minatemon)	, DAI	· ,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 		00 May Be ad to Fees	<u> </u>	545	
10. OFFICERS AND DIRECT	rors	1	17, 1		C 013 150.00	
NAME BROOKE, PORTE STREET ADDRESS 3520 PADDOCK RD CITY-SI-ZIP FT. LAUDERDALE, FL					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ie.		
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CITY-SI-ZIP IIILE NAME		· • • •		OT WRIT	1	
STREET ADDRESS CITY-ST-ZIP				•		
NAME STREET ADDRESS CITY-SI-ZIP						
TILE NAME STRET ADDRESS CITY-S1-ZIP		3	·	. '.		

Indepty certify that the information supplied with rins itting does not quality for the exemptions contained in Chapter 119, 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 tropies 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #