

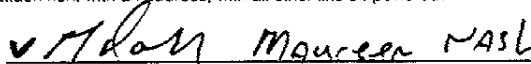


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V64943 1. Entity Name ROLOMAC INTERNATIONAL INC.				
Principal Place of Business 1836 NE 213TH LANE MIAMI, FL 33179-1538 US		Mailing Address 1836 NE 213TH LANE MIAMI, FL 33179-1538 US		
DO NOT WRITE IN THIS SPACE				
				 01272004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0357654		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 MAZZOLINO, GUS 1836 NE 213TH LANE MIAMI, FL 33179-1538		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, 2004 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		DO NOT WRITE IN THIS SPACE U000000149401 05/03/04-80185-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLINO, GUS 1836 NE 213TH LANE MIAMI, FL 331791538			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, MAUREEN 1836 NE 213TH LANE MIAMI, FL 331791538			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		✓ 4-22-04 ✓ 305-705-9405 Date Daytime Phone #		