

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90008 007 ***158.75

DOCUMENT # 429935

1. Entity Name

PROSE MANAGEMENT, INC.



Principal Place of Business

ONE NE FIRST ST
200
MIAMI FL 33132
US

Mailing Address

ONE NE FIRST ST
200
MIAMI FL 33132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1468361

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, PAUL
13132 W DIXIE HWY
NORTH MIAMI FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ROSEN, PAUL E
STREET ADDRESS 35 S. HIBISCUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME ROSEN, PAUL E.
STREET ADDRESS ONE N.E. FIRST ST. Suite 700
CITY-ST-ZIP MIAMI, FL 33132

TITLE SDT ☐ Delete
NAME ROSEN, JUDITH S
STREET ADDRESS 35 S. HIBISCUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE SDT ☐ Change ☐ Addition
NAME ROSEN, JUDITH S
STREET ADDRESS ONE N.E. FIRST ST. #700
CITY-ST-ZIP MIAMI, FL 33132

TITLE VP ☐ Delete
NAME ROSEN, WENDI R.
STREET ADDRESS 48 EAST FLAGLER STREET STE 368
CITY-ST-ZIP MIAMI FL 33131

TITLE VP ☒ Change ☐ Addition
NAME ROSEN, WENDI R.
STREET ADDRESS ONE N.E. FIRST ST. #700
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #