

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # 429935**

1. Entity Name  
**PROSE MANAGEMENT, INC.**



**FILED**  
05 JUN -7 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**ONE NE FIRST ST  
STE 700  
MIAMI, FL 33132 US**

Mailing Address  
**ONE NE FIRST ST  
STE 700  
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

06012005 Chg-P CR2E034 (10/03)

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 E  
1 NE 1ST STREET  
STE 100  
MIAMI, FL 33132**

Name

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

**1 N.E. 1ST STREET**

**Suite 700**

City **MIAMI**

FL Zip Code **33132**

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**6/1/05**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
ROSEN, PAUL E  
1ST NE 1ST ST S-700  
MIAMI, FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
BLUE, BEATRIZ  
Y  
MIAMI, FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
ROSEN, WENDI R.  
1255 PONCE ISLAND DR UNIT 780  
MIAMI, FL 33132 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**700056633677  
06/29/05--01004--014 \*\*\$61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
BEATRIZ BLUE  
1 N.E. 1ST ST, Suite 700  
MIAMI, FL 33132 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

**6/1/05 (305) 416-4360**  
Date Daytime Phone #