2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626028

Address:

City-St-Zip:

14692-69TH ST N

LOXAHATCHEE, FL 33470

Entity Name: ROSNER'S, INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1480 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 **Current Mailing Address: New Mailing Address:** 1480 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 FEI Number: 59-1925552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UTRECHT, STEVEN T ESQ PERTNOY, MASON 150 WEST FLAGLER STREET 2295 CORPORATE BLVD. SUITE 2000 BOCA RATON, FL 33431 US MIAMI, FL 33130 US 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. SIGNATURE: MASON PERTNOY 03/17/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROSNER, LEONARD Name: Name: 10715 NORTH GREEN DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROSNER, ROSLYN Name: 10715 NORTH GREEN DR Address: Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROSNER, JEFFREY Name: Name: 10727 OAKBEND WAY Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition ROSNER-MC KESON, STACI Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEONARD ROSNER PTD 03/17/2009