


**2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -2 AM 8:52

DOCUMENT # L02000026471

1. Entity Name
ROSA CHA INTERNATIONAL, LLC




Principal Place of Business
1440 KENNEDY CAUSEWAY, #400
NORTH BAY VILLAGE, FL 33141

Mailing Address
1440 KENNEDY CAUSEWAY, #400
NORTH BAY VILLAGE, FL 33141

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



05232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3663669 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLACOBOS, CARLOS J
1440 JFK CAUSRWAY
SUITE 400
NORTH BAY VILLAGE, FL

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

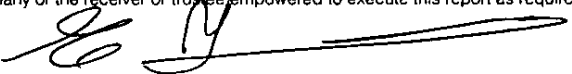
Amended AR is \$50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLAMA, AMIR <input checked="" type="checkbox"/> Delete 1440 KENNEDY CAUSEWAY, #400 NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOB, ELI <input type="checkbox"/> Delete 9999 COLLINS AVE PH 4H MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Amir Jacob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9999 Collins Ave PH 4H Miami Beach FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800076195256 06/14/06--01021--003 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **05/24/06 3058652919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #