


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000061713
 1. Entity Name
 ROSEN FINANCIAL SOLUTIONS CORP.



Principal Place of Business 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131 US	Mailing Address 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131 US
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0029093	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
 ROSEN, BORIS
 150 SE 2ND AVENUE
 SUITE 1200
 MIAMI, FL 33131

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSEN, BORIS 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSEN, KENNETH 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/28/04-80079-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: 4-26-04 Daytime Phone # _____