


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
1/ Mar 06, 2007 8:00 am
Secretary of State

01-19-2007 90028 018 ***150.00

DOCUMENT # P03000098818
1. Entity Name
ROSS ENTERPRISES OF PALM BEACH INC



Principal Place of Business
**6093 STRAWBERRY FIELDS WAY
LAKE WORTH, FL 33463**

Mailing Address
**6093 STRAWBERRY FIELDS WAY
LAKE WORTH, FL 33463**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0208491

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**SHELIA, ROSS
6093 STRAWBERRY FIELDS WAY
LAKE WORTH, FL 33463**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when re-electing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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	P ROSS, SHELIA 6093 STRAWBERRY FIELDS WAY LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, EDWIN 6093 STRAWBERRY FIELDS WAY LAKE WORTH, FL 33463
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: *SHELIA ROSS* 2/14/07 561577-7913
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Daytime Phone #