2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 27, 2005 8:00 am Secretary of State **DOCUMENT # P03000134775** 1. Entity Name 05-27-2005 90022 035 ***158.50 YELLOW ROSE MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 6340 D'ORSAY CT . DELRAY BEACH FL 33484 6340 D'ORSAY CT DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 55-0856494 Not Applicable Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHENKMAN, BENJAMİN P ESQ 2160 W ATLANTIC AVE, 2ND FLOOR DELRAY BEACH FL 33445 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition STUART, ESPERANZA C NAME NAME 6340 D'ORSAY CT STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALKIN-STUART, LAURA NAME NAME 6340 D'ORSAY CT STREET ADDRESS STREET ADDRESS CHY-ST-ZIP DELRAY BEACH FL 33484 CITY-ST-7P UBE Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-7P DILE TATLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-7IP CITY-ST-7P TITLE Detete Addition PAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quatify 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 comporation 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.

FILED