


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90427 015 ***150.00

DOCUMENT # P93000035775

1. Entity Name
ROSALT, INC.



Principal Place of Business Mailing Address

9553 HANDING AVE **PO BOX 545867**
308 **SURFSIDE, FL 33154 US**
SURFSIDE, FL 33154 US

2. Principal Place of Business 3. Mailing Address

260 Crandon Blvd **PO Box 1373**

Suite, Apt. #, etc. Suite, Apt. #, etc.


8 **8**

City & State City & State

Key Biscayne, Fl. **Key Biscayne Fl**

Zip Country Zip Country

33149 **33149** **33149** **33149**



04042006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0411829 **Not Applicable**

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

HANS BAUMBERGER Name

9553 HARDING AVE Street Address (P.O. Box Number is Not Acceptable)

SURFSIDE, FL 33154 **260 Crandon Blvd.**

City **Key Biscayne** FL Zip Code **33149**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMBERGER, HANS	NAME	
STREET ADDRESS	9553 HARDING AVE #308	STREET ADDRESS	260 Crandon Blvd #8
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	Key Biscayne, Fl. 33149
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Hans Baumberger Date 4/28/06 Daytime Phone # 305 8678970