


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000043737
1. Entity Name
ROSENFELD REALTY & DEVELOPMENT, INC.



Principal Place of Business Mailing Address
C/O LISA A. SCHNEIDER, ESQ
777 S FLAGLER DR., 500 EAST
WEST PALM BEACH, FL 33401 US
C/O LISA A. SCHNEIDER, ESQ
777 S FLAGLER DR., 500 EAST
WEST PALM BEACH, FL 33401 US

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01212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0523295 Not Applicable

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

6. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
777 SO. FLAGLER DR., SUITE 500E
WEST PALM BEACH, FL 33401

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

00000309498
04/16/05-80040-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LIEBERSON, RHONA S
STREET ADDRESS	777 S FLAGLER DR., 500 EAST
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	ROSENFELD, MARC S
STREET ADDRESS	777 S FLAGLER DR., 500 EAST
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	ROSENFELD, MITCHELL J
STREET ADDRESS	777 S FLAGLER DR., 500 EAST
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	ROSENFELD, ROGER C
STREET ADDRESS	777 S FLAGLER DR., 500 EAST
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
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 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, 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 empowerers.

SIGNATURE: *Rhona Lieberman* Date: *4/12/05* Daytime Phone #: *203 226-5757*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR