


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

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



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



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FET Number 65-0523295	Applied For 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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (N/A for 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	
TITLE NAME STREET ADDRESS CITY - ST ZIP	V LIEBERSON, RHONA S 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST ZIP	V ROSENFELD, MARC S 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST ZIP	V ROSENFELD, MITCHELL J 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST ZIP	V ROSENFELD, ROGER C 777 S FLAGLER DR., 500 EAST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST ZIP	
TITLE NAME STREET ADDRESS CITY - ST ZIP	

U00000421411  
 02/15/06-80036-001 150.00  
**DO NOT WRITE IN THIS SPACE**

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 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 an officer like empowered.

SIGNATURE: *Rhona S. Derriw Lieberman* 2/1/06 60326-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE USE PREVIOUS EDITION

*Rhona S. Derriw Lieberman*