


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90560 011 \*\*\*158.75

**DOCUMENT # P95000011988**  
1. Entity Name  
**ROSNICK ENTERPRISES, INC.**



Principal Place of Business  
**3001 NW 17 AVE  
MIAMI, FL 33142**

Mailing Address  
**3001 NW 17 AVE  
MIAMI, FL 33142**

*20036090*



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0564138**

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

6. Name and Address of Current Registered Agent  
**BARRIOS, JOSE A  
3001 NW 17TH AVENUE  
MIAMI, FL 33142**

**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 am aware of, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARRIOS, JOSE A JR.
STREET ADDRESS	3001 NW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	DT
NAME	PEREZ, BARBARA
STREET ADDRESS	3001 NW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	DSV
NAME	BARRIOS, JOSE
STREET ADDRESS	3001 NW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jose A Barrios* **4/18/05** **(305) 635-3382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #