2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR

Mar.23, 2005 08:00 AM DOCUMENT # P95000080209 **Secretary of State** 1. Entity Name ROSE D. VAZQUEZ, INC. Principal Place of Business Mailing Address 14711 SW 154 TERR 14711 SW 154 TER MIAMI, FL 33187 MIAMI, FL 33187 US 03192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0615087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAZQUEZ, ROSE D DO NOT WRITE 14711 SW 154 TERR MIAMI, FL 33187 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 title if applicable (NOTE. Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE VAZQUEZ, ROSE D NAME STREET ADDRESS 14711 SW 154 TERR CITY-ST-ZIP MIAMI, FL --- 100000273561 03/23/05-80034-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fforida Statutes, I further certify that the information indicated on this report or supplemental report is the 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 of 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 withyan address, with all other like empowered.

FILED

Davime Phone #