## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 21, 2008 08:00 All Secretary of State DOCUMENT # P95000080209 1. Entity Name ROSE D. VAZQUEZ, INC. Principal Place of Business Mailing Address 14850 SW 212 ST 14850 SW 212 ST MIAMI, FL 33187 MIAMI, FL 33187 US 04182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 14850 SW 212 ST 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: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** VAZQUEZ, ROSE D STREET ADDRESS 14850 SW 212 ST CITY-ST-ZIP MIAMI, FL 33187 UDDDDD988790 TITLE 05/06/08-80042-020 150.00 STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 with an address, with all other like empowered.

**SIGNATURE** 

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-8 305-255-08/8