

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90008 007 ***158.75

DOCUMENT # 429935

1. Entity Name

PROSE MANAGEMENT, INC.



Principal Place of Business

ONE NE FIRST ST
 200
 MIAMI FL 33132
 US

Mailing Address

ONE NE FIRST ST
 200
 MIAMI FL 33132
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1468361

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, PAUL
 13132 W DIXIE HWY
 NORTH MIAMI FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSEN, PAUL E	
STREET ADDRESS	35 S. HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	ROSEN, JUDITH S	
STREET ADDRESS	35 S. HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSEN, WENDI R.	
STREET ADDRESS	48 EAST FLAGLER STREET STE 368	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, PAUL E.	
STREET ADDRESS	ONE N.E. FIRST ST-Suite 700	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	SDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Judith S	
STREET ADDRESS	ONE N.E. FIRST ST. #700	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Wendi R.	
STREET ADDRESS	ONE N.E. FIRST ST. #700	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #