


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90219 041 \*\*\*150.00

**DOCUMENT # 429935**

1. Entity Name  
 PROSE MANAGEMENT, INC.



Principal Place of Business      Mailing Address

ONE NE FIRST ST      ONE NE FIRST ST  
 200      200  
 MIAMI, FL 33132 US      MIAMI, FL 33132 US

2. Principal Place of Business      3. Mailing Address

One NE First Street      One NE First Street  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 700      Suite 700


City & State      City & State

Miami, Florida      Miami, Florida

Zip      Country      Zip      Country

33132      US      33132      US

50052044



05062005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

59-1468361      Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, PAUL  
 13132 W DIXIE HWY  
 NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name: ROSEN, PAUL E.  
 Street Address (P.O. Box Number is Not Acceptable): ONE NE FIRST STREET, SUITE 700  
 City: Miami      FL      Zip Code: 33132

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]*      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 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, PAUL E 1255 PONCE ISLAND DR UNIT 780 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, PAUL E 1 NE 1ST STREET, S-700 MIAMI, FL 33132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT ROSEN, JUDITH S 1255 PONCE ISLAND DR UNIT 780 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLU, BETRIZ 1 NE 1ST STREET, S-700 MIAMI, FL 33132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, WENDI R. 1255 PONCE ISLAND DR UNIT 780 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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]*      Date: \_\_\_\_\_      Overtime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR