


**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<br>ONE NE FIRST ST<br>200<br>MIAMI, FL 33132 US | Mailing Address<br>ONE NE FIRST ST<br>200<br>MIAMI, FL 33132 US |
|---|---|



|  |  |
|--|--|
| 2. Principal Place of Business<br>One NE First Street<br>Suite, Apt. #, etc.<br>Suite 700<br>City & State<br>Miami, Florida<br>Zip<br>33132<br>Country<br>US | 3. Mailing Address<br>One NE First Street<br>Suite, Apt. #, etc.<br>Suite 700<br>City & State<br>Miami, Florida<br>Zip<br>33132<br>Country<br>US |
|--|--|

05062005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br>59-1468361                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROSEN, PAUL E<br>1255 PONCE ISLAND DR UNIT 780<br>MIAMI, FL 33132 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>ROSEN, PAUL E<br>1 NE 1ST STREET, S-700<br>MIAMI, FL 33132 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDT<br>ROSEN, JUDITH S<br>1255 PONCE ISLAND DR UNIT 780<br>MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>BLU, BETRIZ<br>1 NE 1ST STREET, S-700<br>MIAMI, FL 33132 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ROSEN, WENDI R.<br>1255 PONCE ISLAND DR UNIT 780<br>MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR