

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



DOCUMENT # 429935

1. Entity Name
PROSE MANAGEMENT, INC.



FILED
05 JUN -7 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE NE FIRST ST STE 700 MIAMI, FL 33132 US	Mailing Address ONE NE FIRST ST STE 700 MIAMI, FL 33132 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06012005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1468361	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**ROSEN, PAUL E
1 NE 1ST STREET
STE 100
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable) 1 N.E. 1ST STREET	
Suite 700	
City MIAMI	Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	6/1/05
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSEN, PAUL E	
STREET ADDRESS	1ST NE 1ST ST S-700	
CITY-ST-ZIP	MIAMI, FL 33132	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BLUE, BEGTRIZ	
STREET ADDRESS	Y	
CITY-ST-ZIP	MIAMI, FL 33132	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, WENDI R.	
STREET ADDRESS	1255 PONCE ISLAND DR UNIT 780	
CITY-ST-ZIP	MIAMI, FL 33132	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700056633677	
STREET ADDRESS	06/29/05--01004--014 **61.25	
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATRIZ BLUE	
STREET ADDRESS	1 N.E. 1ST ST, Suite 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: _____ **6/1/05 (302) 416-4360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #