

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
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

06012005 Chg-P CR2E034 (10/03)

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
**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** 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 _____ (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
-----------------------	---	---------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, PAUL E 1ST NE 1ST ST S-700 MIAMI, FL 33132 <input type="checkbox"/> Delete	
VP BLUE, BEGRIZ Y MIAMI, FL 33132 <input type="checkbox"/> Delete	VP ROSEN, WENDI R. 1255 PONCE ISLAND DR UNIT 780 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	
_____ <input type="checkbox"/> Delete	_____ <input type="checkbox"/> Delete	
_____ <input type="checkbox"/> Delete	_____ <input type="checkbox"/> Delete	
_____ <input type="checkbox"/> Delete	_____ <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 700056633677 06/29/05--01004--014 **61.25	
VP BEATRIZ BLUE 1 N.E. 1ST ST, Suite 700 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ <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: _____ Date **6/1/05** (304) 416-4360 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR