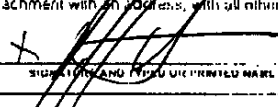


**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90033 010 \*\*\*550.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 395265</b><br>1. Entity Name:<br><b>JEFFROSE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                    |
| Principal Place of Business<br><b>2875 NE 191 STREET - SUITE 404<br/>         AVENTURA, FL 33180 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | Mailing Address<br><b>2875 NE 191 STREET - SUITE 404<br/>         AVENTURA, FL 33180 US</b>                                         |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | <br>01082008 No Chg-P CR2E034 (11/05)             |
| 6. Name and Address of Current Registered Agent<br><b>REINHARD, SANFORD N<br/>         2875 NE 191 STREET - SUITE 404<br/>         AVENTURA, FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | <b>DO NOT WRITE<br/>         IN THIS SPACE</b>                                                                                      |
| 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 _____<br><small>(Signature, typed or printed name of registered agent not valid if applicable) (If filer, Registered Agent Signature required when registering) (If filer)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>         Added to Fees</b> |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ST<br/>         SACKS, JEFF<br/>         170 WEXFORD CRESCENT<br/>         MONTREAL, CANADA, CA H3X 1E2</b> |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P<br/>         SACKS, CELIA<br/>         170 WEXFORD CRESCENT<br/>         MONTREAL, CANADA, CA H3X 1E2</b> |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VP<br/>         SACKS, ROSE<br/>         170 WEXFORD CRESCENT<br/>         MONTREAL, CANADA, CA H3X 1E2</b> |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                                |                                                                                                                                     |
| <b>SIGNATURE:</b>  <b>Jeff Sacks Secy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                                                     |