2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM DOCUMENT # 553152 Secretary of State WHITE-ROSE INVESTMENTS, INC. Principal Place of Business , 1: Mailing Address 1 14 10420 NW 7TH AVE 10420 NW 7TH AVE MIAMI, FL 33150 MIAMI, FL 33150 404262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1819758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ... 6. Name and Address of Current Registered Agent KANJI, BADRUDIN DO NOT WRITE 588 NE 103RD STREET MIAMI SHORE, FL 33137 IN THIS SPACE 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. Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000741045 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/15/07-80013-020 150.00 OFFICERS AND DIRECTORS 10. TITLE KANJI, BADRUDIN NAME STREET ADDRESS 588 NE 103RD STREET CITY-ST-ZIP MIAMI SHORES, FL TITLE KANJI, MALEK STREET ADDRESS 588 NE 103RD ST. CITY-ST-7IP MIAMI SHORES, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND DIFFES OR PRINTED NAME OF SIGNING OFFICER OR DIREC

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Daytime Phone #