


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 565409 1. Entity Name ROSE BROS., INC. |  |
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|---|---|
| Principal Place of Business D/B/A ROSE PHARMACY 100 N.W. 82 AVENUE PLANTATION FL 33324 | Mailing Address D/B/A ROSE PHARMACY 100 N.W. 82 AVENUE PLANTATION FL 33324 |
|---|---|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/07)

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|---|--|
| 4. FEI Number 59-1796821 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---|
| 6. Name and Address of Current Registered Agent ROSE, HUGH L. 100 N.W. 82ND AVE. PLANTATION FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|---|

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 _____ DATE _____

Signature typed or printed name of registered agent and title, if applicable. (If, D/B/A Registered Agent signature required when submitting.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|---|---------------------------------|
| TITLE | PD ROSE, HUGH L. 100 N.W. 82ND AVE. PLANTATION FL | <input type="checkbox"/> |
| TITLE | S ROSE, VALDA C. 100 N.W. 82ND AVE. PLANTATION FL | <input type="checkbox"/> |
| TITLE | VD ROSE, WALTER, W. 100 N.W. 82ND AVE. PLANTATION FL | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Hugh L. Rose 4/3/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR