2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000547

City-St-Zip:

NEW YORK, NY

Entity Name: CARLOTTA ROSSINI & ASSOCIATES. INC

FILED Apr 26, 2006 Secretary of State

Entity Name: CARLOTTA ROSSINI & ASSOCIATES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	72ND STREE ^T K, NY 10023	Г, АРТ 30Е			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	72ND STREE ^T K, NY 10023	Г, АРТ 30Е			
FEI Number: 13-3374784 FEI Number Applied Fo		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LEXA, JOSEPH J 777 ARTHUR GODFREY ROAD SUITE 320 MIAMI BEACH, FL 33140 US			LEXA, JOSEPH J 1080 MICHIGAN AVE. SUITE 10000 MIAMI BEACH, FL 331:	1080 MICHIGAN AVE.	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/26/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCDT () ROSSINI, CAR 15 WEST 72NI NEW YORK, N	ST., APT 30E	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () GENTILE, ANTO 15 WEST 72NI NEW YORK, N	ST., APT 30E	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (X EASTMAN, LAU 333 EAST 68TH		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARLOTTA ROSSINI PCD 04/26/2006