

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90152 041 ***150.00

DOCUMENT # F93000005262

1. Entity Name
ROSE '93 CORP.



Principal Place of Business
4710 EISENHOWER BLVD., SUITE C-1
TAMPA, FL 33634-6334

Mailing Address
4710 EISENHOWER BLVD., SUITE C-1
TAMPA, FL 33634-6334

50012260



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0454786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD
SUITE C-1
TAMPA, FL 33634-6334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, JAMES J.	
STREET ADDRESS	4710 EISENHOWER BLVD., C-1	
CITY - ST - ZIP	TAMPA, FL	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	ABRAMS, ALLAN	
STREET ADDRESS	4710 EISENHOWER BLVD, STE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, ELAINE	
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNISPEL, ISABEL	
STREET ADDRESS	4710 EISENHOWER BLVD, STE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, KRISTOPHER M	
STREET ADDRESS	4710 EISENHOWER BLVD, STE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Kristopher Hoover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06
Date

813-889-8855
Daytime Phone #