


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004697
 1. Entity Name
 ROSEN INVESTMENTS, INC.



Principal Place of Business Mailing Address
 10277 CENTURY WOODS DRIVE 10277 CENTURY WOODS DRIVE
 LOS ANGELES, CA 90067 LOS ANGELES, CA 90067

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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 95-4642671 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE, FL 32301-0000

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROSEN, LOIS 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, SHARON B 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, MICHAEL J 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, KENNETH M 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
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 02/24/05-80078-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lois Rosen* 2/22/05 310-886-052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #