2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J41247

1. Entity Name

THE ROSENTHAL AGENCY, INC.



Principal Place of Business

8000 SW 117 AVE

PH-A MIAMI, FL 33183 Mailing Address

8000 SW 117 AVE

PH-A

MIAMI, FL 33183 US

FILED May 05, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 59-2743444

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTAL, RICHARD 8000 SW 117TH AVE., PH-A MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	purpose of changing its registere	ed office or reg	istered agent, or bo	th, in the State of Flor	ida. Tam familiar v	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registere)	d Agent signature re	quied when reinstating)		DATE	
FILE NOTE:: FEE 13 3 130.00		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	, <u>100000</u>	0948107	7 4EO 9O
10.	OFFICERS AND DIREC	CTORS			UDI UCI UD	80042 DO	1.130.100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENTHAL, RICHARD 8000 SW 117 AVE., PH-A MIAMI, FL 33183						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENHART, ROBERT 8000 SW 117 AVE PL. A MIAMI, FL 33183						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SP	ACE	
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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2204

308.412.0800

Daytime Phone #