2006 FOR PROFIT CORPORATION

FILED Mar 17, 2006 08:00 AM

ANNUAL REPORT					Secretary of State			
	1. Entity Name	OCUMENT # J81627 Entity Name EILY & ROSAS, P.A.				Secretary of Sta		
% RONALD ROSAS		OSAS TH ST. STE B	Mailing Address % RONALD ROSAS 11810 N. 56TH ST. STE B TAMPA, FL 33617	RONALD ROSAS 1810 N. 56th St. Ste B				
	D	O NOT WRITE	IN THIS SPA	CE	01062006 4. FEI Numb 59-283	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
{		6. Name and Address of Current Re	gistered Agent	}	}		r da rraduilea	
ROSAS, RONALD 6610 JENNIFER DRIVE TEMPLE TERRACE, FL 33617						NOT W THIS SF		
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. 1 am familiar with								
Ì		ons of registered agent.		•			·	
{	SIGNATURE_	SIGNATURE Signature, typed or printed name of registered agent and time it applicable (NGTE Registered			d when reinstating)		DATE	
-		E NOW(II FEE IS \$150.00 Ly 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
Į	10.	OFFICERS AND OIL	RECTORS			<u></u>		
1	RITLE NAME	PSD REILY, AMY		1				
ļ	STREET ADDRESS	12407 N. 53RD ST.		1				
	CITY-ST-ZIP	TAMPA, FL VTD		-{		HODENG	ስ ለግብጥ ፋብ	
	TIFLE NAME STREET ADDRESS CRY-ST-ZIP	ROSAS, RONALD 6610 JENNIFER DRIVE TEMPLE TERRACE, FL				03/28/06	1470818 -60030-002 150.00	
1	TITLE NAME			<u> </u>				
	STREET ADDRESS CITY-ST-ZIP			i	DO	NOT W	RITE	
-	DILE			IN THIS SPACE				
	NAME STREET ADDRESS			ļ	** *			
Į	CITY-ST-ZIP			1				
-	TITLE NAME			1				
-	STREET ADDRESS			1				
1	CHY-SI-ZIP	· 		-{				
1	TITLE NAME	1		ł				

12. I hereby certify that the information supplied with this filling 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: _

STREET ADDRESS

Ling Kindly AMY RE127
STGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

873 - 988- 4143 Daylene Phone #