

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 038 ***158.75

DOCUMENT # L08989 1. Entity Name ROSE DEVELOPERS, INC.																																																																																									
Principal Place of Business 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953 US			Mailing Address 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953 US																																																																																						
2. Principal Place of Business - No P.O. Box # 2881 NE 12th Terr Suite, Apt. #, etc.		3. Mailing Address 2881 NE 12th Terr Suite, Apt. #, etc.																																																																																							
City & State Pompano Beach, FL Zip 33064 Country US		City & State Pompano Beach, FL Zip 33064 Country US		4. FEI Number 65-0136800 Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																									
6. Name and Address of Current Registered Agent SCILEPPI, ROSA F 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Edward M. Scileppi Street Address (P.O. Box Number is Not Acceptable) 2881 NE 12th Terrace City Pompano Beach FL Zip Code 33064																																																																																						
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: <u>Edward M. Scileppi</u> <u>EDWARD M. SCILEPPI</u> <u>2/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">STD SCILEPPI, ROSA F 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD SCILEPPI, EDWARD M 2881 NW 12TH TERRACE POMPAÑO BEACH, FL 33064</td> <td>TITLE</td> <td>[X] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>2881 NE 12th Terrace</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD SCILEPPI, THOMAS J 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953</td> <td>TITLE</td> <td>[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	STD SCILEPPI, ROSA F 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953	TITLE	[] Change [] Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	VD SCILEPPI, EDWARD M 2881 NW 12TH TERRACE POMPAÑO BEACH, FL 33064	TITLE	[X] Change [] Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS	2881 NE 12th Terrace	CITY-ST-ZIP		CITY-ST-ZIP		TITLE	PD SCILEPPI, THOMAS J 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953	TITLE	[] Change [] Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	[] Change [] Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	[] Change [] Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																							
TITLE	STD SCILEPPI, ROSA F 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953	TITLE	[] Change [] Addition																																																																																						
NAME		NAME																																																																																							
STREET ADDRESS		STREET ADDRESS																																																																																							
CITY-ST-ZIP		CITY-ST-ZIP																																																																																							
TITLE	VD SCILEPPI, EDWARD M 2881 NW 12TH TERRACE POMPAÑO BEACH, FL 33064	TITLE	[X] Change [] Addition																																																																																						
NAME		NAME																																																																																							
STREET ADDRESS		STREET ADDRESS	2881 NE 12th Terrace																																																																																						
CITY-ST-ZIP		CITY-ST-ZIP																																																																																							
TITLE	PD SCILEPPI, THOMAS J 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953	TITLE	[] Change [] Addition																																																																																						
NAME		NAME																																																																																							
STREET ADDRESS		STREET ADDRESS																																																																																							
CITY-ST-ZIP		CITY-ST-ZIP																																																																																							
TITLE		TITLE	[] Change [] Addition																																																																																						
NAME		NAME																																																																																							
STREET ADDRESS		STREET ADDRESS																																																																																							
CITY-ST-ZIP		CITY-ST-ZIP																																																																																							
TITLE		TITLE	[] Change [] Addition																																																																																						
NAME		NAME																																																																																							
STREET ADDRESS		STREET ADDRESS																																																																																							
CITY-ST-ZIP		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: <u>Rosa F. Scileppi</u> <u>2/14/07</u> <u>772-357-8208</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																									