

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90053 004 ***150.00

DOCUMENT # L08989 1. Entity Name ROSE DEVELOPERS, INC.					
Principal Place of Business 2881 NE 12TH TERRACE POMPANO BEACH, FL 33064 US			Mailing Address 2881 NE 12TH TERRACE POMPANO BEACH, FL 33064 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0136800	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCILEPPI, EDWARD M 2881 NE 12TH TERRACE POMPANO BEACH, FL 33064				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCILEPPI, ROSA F 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <i>Scileppi, Rosa F</i> <i>2881 NE 12th Terrace</i> <i>Pompano Beach, FL 33064</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCILEPPI, EDWARD M 2881 NE 12TH TERRACE POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCILEPPI, THOMAS J 1006 S.W. MAJORCA AVE. PORT SAINT LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Scileppi, Thomas J</i> <i>1362 Clockshop Dr</i> <i>Hernando, MS 38632</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Rosa F. Scileppi Sec/Treas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Rosa F. Scileppi</i>			2-6-08 772-359-8208 Date Daytime Phone #		