2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 2005 08:00 AM DOCUMENT # L47721 **Secretary of State** 1. Entity Name ROSE PEKRUL, P.A. Principal Place of Business Mailing Address C/O ROSE PEKRUL C/O ROSE PEKRUL 13180 NORTH CLEVELAND AVENUE #218 13180 NORTH CLEVELAND AVENUE #218 NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903 CR2E034 (10/03) No Chg-P 03062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0166859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PEKRUL, ROSE 1431 SE 18TH TERR CAPE CORAL, FL 33990 IN THIS SPACE 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 Sinnature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. PVS TITLE PEKRUL, ROSE NAME STREET ADDRESS 1431 SE 18TH TERRACE CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE U00000258135 03/10/05-80026-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED