2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52233

Name:

Address:

City-St-Zip:

ROSA, MARGARET

BRONX, NY 10453

1777 GRAND CONCOURSE 10-N

Entity Name: J. ROSA & ASSOCIATES, INC.

FILED Apr 19, 2005 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place | New Principal Place of Business: | | |
|---|---|--------------|--------------------------|---|--|--|--|
| | ICNAB RD | | | | | | |
| #210 TAMARAC | C, FL 33321 | US | | | | | |
| Current Mailing Address: | | | | New Mailing Addres | New Mailing Address: | | |
| | ICNAB RD | | | | | | |
| #210 TAMARAC | C, FL 33321 | US | | | | | |
| FEI Number | : 65-0172012 | FEI Nu | mber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | | |
| SUNRISE, The above | e of Florida. | US | this statement for the p | urpose of changing its registere | ed office or registered agent, or both, | | |
| Electronic Signature of Registered Agent | | | | nt | Date | | |
| Election Car | mpaign Financ | ing Trust Fu | ınd Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | VP GONZALEZ, 6598 NW 1 S MARGATE, F | ST STREET | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | PTD ROSA-ROSA 334 E RIVER FORT LAUDE | BEND DR | 33326 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title [.] | S | () Delete | | Title [.] | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIE ROSA-ROSA P 04/19/2005