2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

01-21-2005 90051 011 ***150 00

DOCUMENT # M34742 1. Enlity Name ROSE CHEMICAL CORP.					01-21-2005	90051 011 ***150	J.00
Principal Place 2081 N.W. 29 FT LAUDERD		Mailing Address 2081 N.W. 29TH STREET FT LAUDERDALE, FL 33311				5000	4840
2. Principal Place of Business 6881 N.W. 16 TERRACE Suite, Apt. #, etc.		3. Mailing Address 6881 N.W. 16 TERLACE Suite, Apt. #, etc.		01172005	Chg-P	CR2E034 (10/03)	
FORT LAUDERDALE, FL		City & State FORT LAUDERDAE, FL		4. FEI Numb			olied For Applicable
3-3-3-6	Country	3.33.09 _	Country USA	5. Certificate	of Status Desired	\$8.75 Addit Fee Required	
ROSENFELD, STEVEN 2081 NW 29 ST FT LAUDERDALE, FL 33311 Street Address (P.O. Box Number is Not Acceptable). City FORT LauperDale 8. The above named only 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 rebitty 3d agent.							
Signature. typed or protect agent an order applicable (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.							
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELD, STEVEN 2081 N.W. 29TH STREET FT LAUDERDALE, FL 33311	☐ Delete,	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		— - ☐ Delete	THLE NAME STREET ADDRESS CITY-ST-ZIP			- Change	Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET AUDRESS CHY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CTIY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby indicated of the corchanged	certify that the information supplied with don this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, w	this filing does not qualify for frue and accurate and that movered to execute this report a with all other ke empowered.	the exemption stated in S ny signature shall have the as required by Chapter 6	Section 119.07(3 e same legal effe 07, Florida Slatut	(i), Florida Statutes. ct as if made under es; and that my nam	I further certify that the in oath; that I am an officer ie appears in Block 10 or	formation or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR