

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M68533**

1. Entity Name  
**ROSE TREE FARM, INC.**



Principal Place of Business  
**5400 SW 208TH LANE  
FORT LAUDERDALE, FL 33332**

Mailing Address  
**287 LASBRISAS CT  
CORAL GABLES, FL 33143**



02102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0037205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PANDO, ROBERTO  
6655 SW 118TH AVENUE  
MIAMI, FL 33183**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PANDO, ROBERTO
STREET ADDRESS	6655 SW 118TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DV
NAME	PANDO, EMILIO
STREET ADDRESS	6655 SW 118TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DS
NAME	PANOD, ROSA E.
STREET ADDRESS	6655 SW 118TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DT
NAME	PANDO, CARMELA
STREET ADDRESS	6655 SW 118TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80046-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 *Conelo Buda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/07 1305/274-6556  
Date Daytime Phone