


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M68533</b> 1. Entity Name <b>ROSE TREE FARM, INC.</b>	
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Principal Place of Business <b>5400 SW 208TH LANE FORT LAUDERDALE, FL 33332</b>	Mailing Address <b>287 LASBRISAS CT CORAL GABLES, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0037205</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_

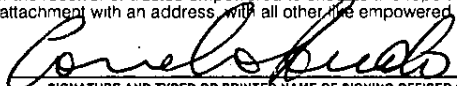
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANDO, ROBERTO 6655 SW 118TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PANDO, EMILIO 6655 SW 118TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PANOD, ROSA E. 6655 SW 118TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PANDO, CARMELA 6655 SW 118TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/08-80034-005 150.00

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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 information empowered.

**SIGNATURE:**  **01/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #