

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90417 037 ***150.00

DOCUMENT # M86794

1. Entity Name

DESIGNED BY ROBIN M. ROSE, INC.



Principal Place of Business

SUITE 312
1500 CORDOVA ROAD
FT. LAUDERDALE FL 33316
US

Mailing Address

SUITE 312
1500 CORDOVA ROAD
FT. LAUDERDALE FL 33316
US

94045064



MOORE CR2E034 (11/03)

2. Principal Place of Business

399 S.E. 18TH COURT
Suite, Apt. #, etc.

3. Mailing Address

399 S.E. 18TH COURT
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0058045

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, ROBIN M.
SUITE 312
1500 CORDOVA ROAD
FT. LAUDERDALE FL 33136

7. Name and Address of New Registered Agent

Name

ROSE, ROBIN M.
Street Address (P.O. Box Number is Not Acceptable)

399 SE 18TH COURT

FT. LAUDERDALE, FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ROSE, ROBIN
STREET ADDRESS 2841 TIMBER CREEK CIRCLE NW
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/2004 525-6023
954-