

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000800

Entity Name: ROSE FAMILY FOUNDATION, INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

C/O BARRY ROSE  
1001 BRICKELL BAY DRIVE, SUITE 1400  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

C/O BARRY ROSE  
1001 BRICKELL BAY DRIVE, SUITE 1400  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 65-0978030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSE, BARRY R  
MALLAH, FURMAN AND COMPANY P.A.  
1001 BRICKELL BAY DRIVE SUITE 1400  
MIAMI, FL 331314938 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROSE, BARRY R  
Address: 5790 S.W. 37 TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: ROSE, ANITA B  
Address: 5790 S.W. 37 TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: ROSE, ALISA S  
Address: 5790 S.W. 37 TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: ROSE, PHILIP S  
Address: 5790 S.W. 37 TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALTMAN, ALISA S  
Address: 5790 S.W. 37 TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY R ROSE

PRES

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date