


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000037130</b>	
1. Entity Name SUB ROSA STABLE, INC.	

Principal Place of Business ONE FINANCIAL PLAZA STE 2700 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA STE 2700 FORT LAUDERDALE, FL 33394
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1005954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

IMPERATO, GABRIEL L  
ONE FINANCIAL PLAZA  
STE 2700  
FORT LAUDERDALE, FL 33394

**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)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	11000000287112 04/04/05-80050-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, PETER R ESQ. 820 SE 8TH STREET FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLOOMFIELD, CATHERINE G 2355 SE 5TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD IMPERATO, GABRIEL L ESQ. 3916 NE 22ND AVENUE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3-31-05** **954-764-7060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #