

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000041921

FILED
Nov 10, 2005
Secretary of State**Entity Name:** ROSAL PROMOTIONS AND ARTIST MANAGEMENT, INC.**Current Principal Place of Business:**19344 SW 17 CT.
MIRAMAR, FL 33029**New Principal Place of Business:**15949 PINES BLVD.
PEMBROKE PINES, FL 33027**Current Mailing Address:**19344 SW 17 CT.
MIRAMAR, FL 33029**New Mailing Address:**15949 PINES BLVD.
PEMBROKE PINES, FL 33027**FEI Number:** 65-1004220**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RUIZ, PATRICIA
19344 SW 17 CT.
MIRAMAR, FL 33029 US**Name and Address of New Registered Agent:**RUIZ, PATRICIA
15949 PINES BLVD.
PEMBROKE PINES, FL 33027 US

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: PATRICIA RUIZ

11/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUIZ, PATRICIA
Address: 19344 SW 17 CT.
City-St-Zip: MIRAMAR, FL 33029

Title: P (X) Delete
Name: DANNERY, ROSALBA P PRES
Address: 19344 SW 17 CT.
City-St-Zip: MIRAMAR, FL 33029

Title: D (X) Delete
Name: DANNERY, ROGER A TRES.
Address: 19344 SW 17 CT.
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUIZ, PATRICIA
Address: 15949 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33027

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

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

SIGNATURE: PATRICIA RUIZ

D

11/10/2005

Electronic Signature of Signing Officer or Director

Date