


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000064495 1. Entity Name ROSEN SCHULLMANN, INC.	
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Principal Place of Business
4280 NW 36TH AVE.
LAUDERDALE LAKES, FL 33309

Mailing Address
4280 NW 36TH AVE.
LAUDERDALE LAKES, FL 33309

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1018868	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLEN, HERBERT J
6885 LANDINGS DRIVE, #204
LAUDERHILL, FL 33319

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLEN, HERBERT J 4280 NW 36TH AVE LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALLEN, LEIGHTON E 4280 NW 36TH AVE LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALLEN, GLORIA M 4280 NW 36TH AVENUE LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR WALLEN, JACQUELINE V 4280 NW 36TH AVE LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Gloria M. Wallen Gloria M. Wallen 4/23/05 9547773495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #