

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 004 ***150.00

DOCUMENT # **PO1000007159**
1. Entity Name
ROSE Financial GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12555 Orange Dr	3. Mailing Address 12555 Orange Dr
Suite, Apt. #, etc. 262	Suite, Apt. #, etc. 262
City & State Davie FL	City & State Davie FL
Zip 33330	Zip 33330
Country Broward	Country Broward

DO NOT WRITE IN THIS SPACE

4. Fee Number 65-1066792	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Melinda Rose	
	Street Address (P.O. Box Number is Not Accepted) 12555 Orange Drive	
	City Davie	FL Zip Code 33330

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.

SIGNATURE **Melinda Rose** DATE **3-11-02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE President, Secretary	NAME Melinda Rose	TITLE 	NAME
STREET ADDRESS 12555 Orange Drive Ste 262		STREET ADDRESS 	
CITY-ST-ZIP Davie FL 33330		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 		STREET ADDRESS 	
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STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Melinda Rose** DATE: **3-11-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)