2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #.P01000064056

1. Entity Name ROSA & COMPANY INC.



Principal Place of Business

1832 15TH AVE N LAKE WORTH, FL 33460 Mailing Address

1832 15TH AVE N LAKE WORTH, FL 33460

FILED Apr 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FE! Number 65-1124105 Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SALGUEIRO, ROSA 1832 15TH AVE N LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				<u> </u>	<u>'</u>	
	Signature, typed or printed name of registered agent and title	r applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/27/06-80017-018-150.00	
10.	OFFICERS AND DIREC	CTORS		 	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALGUEIRO, ROSA 1832 15TH AVE N LAKE WORTH, FL 33460				:	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-S1-ZIP					•	
TITLE	{		ł			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 directron 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED THE OF SIGNING OFFICER ON DIRECTOR

4.10.00

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